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*Journal  
of the  
Child Welfare League  
of America  
Inc.*

# child welfare

The Rights of the World's Children

Adoptive Placement of American  
Indian Children with Non-Indian  
Families—Part I

Ethical Dilemmas Facing the Social  
Worker

Environmental Therapy

The Transitional Method in the  
Adoption Placement of Older  
Infants and Young Toddlers

Analysis of the Foster Care Case  
Load

*May 1961*

# CHILD WELFARE

JOURNAL OF THE  
CHILD WELFARE LEAGUE OF AMERICA, Inc.

Editorial Consultant: Isabel Johnson  
Editorial Assistant: Judith Hilfer

CHILD WELFARE is a forum for discussion in print of child welfare problems and the programs and skills needed to solve them. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

## CONTENTS

	Page
The Rights of the World's Children . . .	1
By Mrs. Irving Edison	
Adoptive Placement of American Indian Children with Non-Indian Families—	
Part I . . . . .	4
The Indian Adoption Project . . . . .	4
By Arnold Lyslo	
Social Services to the Indian Unmarried Mother . . . . .	7
By Stella Hostbjoer	
Ethical Dilemmas Facing the Social Worker . . . . .	10
By John McDowell	
Environmental Therapy . . . . .	13
By Anne Benjamin, M.D.	
The Transitional Method in the Adoption Placement of Older Infants and Young Toddlers . . . . .	15
By Roberta G. Andrews	
Analysis of the Foster Care Case Load . . . . .	22
By Zira DeFries, M.D., Shirley Jenkins, Ethelyn C. Williams	
The Cost of Children's Services . . . . .	25
By W. P. Lentz	
A Philosophy of Child Care . . . . .	29
By the staff of Alexander Home, Charlotte, North Carolina	
News from the Field . . . . .	30
Readers' Forum . . . . .	33
Classified Personnel Openings . . . . .	34

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# THE RIGHTS OF THE WORLD'S CHILDREN

**Mrs. Irving Edison**

Board Member

Jewish Child Welfare Association

of St. Louis

St. Louis, Missouri

Former Board Member, CWLA

THE United Nations Declaration of The Rights of the Child is a noble and inspiring document.<sup>1</sup> The Preamble and the ten principles encompass the rights of the child, as well as the child's basic needs. Throughout the world these rights are largely unprotected and these needs are, for the most part, unfulfilled.

In a turbulent and troubled world with rapidly exploding political and social changes, in a world torn by strife and fear, it is heartening that within the United Nations family there has been consistent concern and direct action on behalf of children. The ten thoughtfully worded principles cover three major areas of society's responsibility to children: health, including mental health; education, including special education and care for the handicapped; affection, including protection.

Our world is divided into two parts—the *haves* and the *havenots*. In the economically undeveloped regions of the world, Asia, Africa and Latin America, the fundamental problem is poverty. Approximately 550 million children, more than half of the world's child population, lack adequate food, shelter, clothing and protection against disease.

Illiteracy, too, is a companion of poverty. When Dorothy Beers, a former staff member of the Child Welfare League of America, went to North Africa to train nursery school teachers, she found that health problems took precedence over teacher training. In the first nursery school which she opened in Casablanca, 80 percent of the children had tuberculosis or trachoma and some had both. It was a very dark and discouraging period for Mrs. Beers. Later on she wrote that it was exciting to see a dull, lethargic, sick child become a lively, normally mischievous one after receiving proper nutrition and appropriate medication.

Several years later Mr. Edison and I walked through the labyrinth of both the Arab and Jewish ghettos in Tangiers. Despite our preparation, we were appalled by the children, the lethargic ones as well as the aggressive ones; by the squalor and filth of their dingy dwellings; by the mud floors; by the streets so narrow that they seemed eternally dark and sunless. I was horrified by the abuse and exploitation of children. More than once I saw twelve- and thirteen-year-old girls who looked even younger because they were small and undernourished, being trained for and pushed into prostitution by their own mothers! Friends took us to a night club. The female roles were played by adolescent boys who had been castrated to make them appear more feminine. When we expressed horror and indignation, we were told, "These are the lucky ones. They do not go to bed hungry every night." We have been in several parts of the world where poverty is so all pervading that the stench assails one's nostrils and sadness clutches one's heart, but never have we seen anything as corrupt and corrupting to children as in Tangiers.

In Greece, in Spain, in Sicily, the children are needy in all of the ways that follow in the wake of poverty. Too many children are hungry, too many children are sick, too many children lack parental care, too many children are in institutions, too many children lack educational opportunities.

Israel is the shining star of the Middle East. They have conquered the arid desert and wastelands with back-breaking hard work. It is again the biblical land of milk and honey. The children of Israel are loved, cherished and educated. The public health program is outstanding. The Israeli approach to child welfare is essentially different from ours. They are community oriented, we are family centered.

In our part of the world, in Haiti, we saw children with the spindly legs and swollen ab-

<sup>1</sup>The text of the Declaration appears on pages 2 and 3.

domens of starvation. In Guatemala we saw a seven-year-old boy work all day at shoemaking to earn twenty-five cents. It should weigh heavily on our conscience that in Mexico and Guatemala, our near neighbors, poverty and its attendant ills is still the lot of most children and families.

Within the borders of our own rich country we have pockets of poverty where children and families live in apathy and despair; ill fed, ill clothed, ill housed, illiterate, with very little hope for improving their lot without help—help in money and help from understanding, compassionate and knowledgeable people. Our tenant farmers; our itinerant agricultural workers; our inadequate ADC grants and services; our crowded slums, training grounds for delinquency; our too few teachers and too few schools—to correct these evils is a personal and special responsibility we have. In the United States, however, our child welfare problems are not limited to the economically deprived. The number of emotionally disturbed children is continually increasing in all segments of our population. This is the most serious health and social problem we have. For practical as well as humane reasons the prevention and cure of mental illness must have priority.

Despite the fact that we have lost world prestige militarily and politically, most of the nations of the world look to us for moral leadership. The future of the world is in the hands of its children. We are charged with the responsibility for their well being, security and preparation to meet the enormous challenges that will not be fulfilled in our generation. We cannot afford the prodigious waste in human talent nor can we burden future generations with problems of such magnitude. We must bend every effort through the agencies of the United Nations in cooperation with other national and international voluntary and governmental agencies to solve the problems of poverty.

The United Nations Declaration of the Rights of the Child has given us the blueprint for providing the basic needs of children. This statement reflects the highest level of man's aspirations. It can only be achieved with a greater expenditure of money, with careful planning and coordination, and with a larger number of competent and dedicated people

working toward the realization of the principles spelled out in this inspired and inspiring document. The democratic process is a slow one, but it gives greater assurance that what has been accomplished is integrated and permanent.

Arnold Toynbee has written, "Our age will be remembered, neither for its heinous crimes nor magnificent inventions." What *will* be remembered is that "for the first time, men dared to think that all the benefits of civilization might be made available to all mankind." Let us dare not only to think but so to act that children will grow up well physically and emotionally, educated so that they can be productive and fulfilled, at peace within themselves and with friendship for all mankind.

### ***Text of the Declaration of the Rights of the Child \****

#### **PREAMBLE**

*Whereas* the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights, and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom,

*Whereas* the United Nations has, in the Universal Declaration of Human Rights, proclaimed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

*Whereas* the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth,

*Whereas* the need for such special safeguards has been stated in the Geneva Declaration of the Rights of the Child of 1924, and recognized in the Universal Declaration of Human Rights and in the statutes of specialized agencies and international organizations concerned with the welfare of children,

*Whereas* mankind owes to the child the best it has to give,

*Now therefore,*

*The General Assembly*

*Proclaims* this Declaration of the Rights of the Child to the end that he may have a happy child-

\* Unanimously adopted by the United Nations General Assembly on November 20, 1959.



hood and enjoy for his own good and for the good of society the rights and freedoms herein set forth, and calls upon parents, upon men and women as individuals and upon voluntary organizations, local authorities and national governments to recognize these rights and strive for their observance by legislative and other measures progressively taken in accordance with the following principles:

#### PRINCIPLE 1

The child shall enjoy all the rights set forth in this Declaration. All children, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or of his family.

#### PRINCIPLE 2

The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose the best interests of the child shall be the paramount consideration.

#### PRINCIPLE 3

The child shall be entitled from his birth to a name and a nationality.

#### PRINCIPLE 4

The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

#### PRINCIPLE 5

The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

#### PRINCIPLE 6

The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in

the care and under the responsibility of his parents, and in any case in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of state and other assistance toward the maintenance of children of large families is desirable.

#### PRINCIPLE 7

The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture, and enable him on a basis of equal opportunity to develop his abilities, his individual judgment, and his sense of moral and social responsibility, and to become a useful member of society.

The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents.

The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavor to promote the enjoyment of this right.

#### PRINCIPLE 8

The child shall in all circumstances be among the first to receive protection and relief.

#### PRINCIPLE 9

The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form.

The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.

#### PRINCIPLE 10

The child shall be protected from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood and in full consciousness that his energy and talents should be devoted to the service of his fellow men.

# ADOPTIVE PLACEMENT OF AMERICAN INDIAN CHILDREN WITH NON-INDIAN FAMILIES—Part I \*

*These are the first two of a series of four articles on the Indian Adoption Project of the Bureau of Indian Affairs and the Child Welfare League of America. The articles in this issue report on the background and over-all progress of the project, including the major objectives and methodology; and the social services provided to the Indian mother on the reservation to help her plan for herself and her child. The June issue will carry the third and final papers of the series on the role of an adoption agency in participating in this demonstration project, and also the agency's impressions of the Indian child and his adoptability; and some evaluative factors involved in the selection of adoptive families for Indian children.*

## THE INDIAN ADOPTION PROJECT

**Arnold Lyslo**

**Director  
Indian Adoption Project  
Child Welfare League of America**

DURING the past decade there have been many programs designed to promote the adoption of all children who need it—the handicapped child, the child in the older age group, and children of minority racial groups both within the United States and from foreign lands. But the Indian child in need of adoption has remained the “forgotten child,” left unloved and uncared for on the reservation, without a home or parents of his own.

The Bureau of Indian Affairs has long been concerned about the reports from their welfare staff that many children who might have been firmly established in secure homes at an early age through adoption have been passed from family to family on a reservation, or have spent years at public expense in Federal boarding schools or in foster care. They have never had the security of family life to promote their development and assure their future. Largely because of a lack of facilities for finding families who would be interested, the adoption of homeless Indian children has not been widespread.

In September 1958, the Child Welfare League of America agreed to participate with the Bureau of Indian Affairs in a demonstration project to plan for Indian children needing adoption.<sup>1</sup> Through the project we propose to select, for purposes of adoption, from

fifty to one hundred or more homeless Indian children from all parts of the country. Thus far thirty Indian children, ranging in age from a few days through six years, have now been placed through specialized adoption agencies, primarily with non-Indian families, and the adoptions of these children are being evaluated by qualified research personnel.

The overall result of these placements we believe, will be a permanent interstate plan for the placement of Indian children needing adoption. Equally important, however, those social agencies currently responsible for the planning for Indian children are being stimulated and encouraged to develop new, intensive programs for adoption of these children within their own states.

American Indians living on reservations number approximately 300,000; more than half are minors. Most of these Indians live in some one hundred and fifty-four identifiable tribal jurisdictions which come within the responsibility of fifty-one agency offices of the Bureau of Indian Affairs.

The number of out-of-wedlock births to Indian unmarried mothers has never been accurately determined, but reports by health, education, and social work personnel on the reservation indicate that the figure is high. Illegitimacy among Indian peoples is frequently acceptable, and the extended family is by no means extinct. The unwed mother may bring her child home to be cared for by herself, her family, or some relative, and he may be successfully absorbed by the tribe. However there are many situations where this is not the case. The Bureau of Indian Affairs has found that many of these children are left to run loose on the reservation without proper

\* Both of these papers were given at the CWLA Eastern Regional Conference, NYC, on April 22, 1961.

<sup>1</sup> Special recognition should be given to Miss Aleta Brownlee, former national Child Welfare Consultant for the United States Bureau of Indian Affairs, for her role in setting up this project.

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care or supervision, and a permanent plan is never made for them.

The Indian unwed mother seldom receives the assistance usually available to the non-Indian. Isolation and a general attitude that her situation is "natural" have precluded the counseling indicated to give her any choice in planning for herself and her child. Because the Bureau of Indian Affairs itself is not authorized to engage directly in the field of adoption, and because adoptive applicants have been so limited in number, very few unmarried mothers are ever given any choice but to keep their children.

One of the first tasks which I undertook as project director was to make a thorough study of tribal laws and appropriate state laws. I also talked with Indian leaders on reservations and with the four national Indian organizations concerning the need for, and merit of, the adoption project. We learned that the problem of the dependent child is one of the major problems of Indian people today, and that by and large, they approved of the project for those children who had no opportunity for a home of their own on the reservation.

Certain tribes, such as the Shoshone, Navajo, Winnebago, and some of the Sioux tribes are known to have occasionally permitted off-reservation families to adopt their children. However members of some other tribes, such as the Apache and Mojave, have expressed opposition to the adoption of their children by white people. In a few states, including Kansas, New Mexico, Arizona, South Dakota and Washington, private adoption agencies have placed some nonreservation Indian children in white homes. These limited experiences have been for the most part successful. It is believed that with understanding and faith in the good will of adoption agencies, those tribes now opposed to the adoption of Indian children by white families will acquiesce. It is also believed that adoptive homes, particularly in nonwestern states where there is less prejudice against Indians, can be found.

### **Operation of the Project**

Any Indian child of one-quarter or more degree of Indian blood, if he is considered adoptable physically and emotionally, may be referred to the Indian Adoption Project.

While we have accepted a few off-reservation children already in the custody of some social agencies for adoption placement, and we feel some obligation to assist the agencies in planning for these children, our primary objective is to serve the Indian child whose residence is on the reservation, and as such, is the responsibility of the Bureau of Indian Affairs.

The Indian Adoption Project has concentrated on those areas where the needs of Indian children are the greatest. Currently, the project is operating in fourteen major reservation areas in six states—Arizona, Montana, Nevada, North Carolina, South Dakota and Wyoming. Criteria for selection of a reservation include the following: a qualified social worker on the reservation employed by the Bureau of Indian Affairs; permissive attitude on the part of the tribe; a public health facility, and cooperative attitude on the part of its staff; the interest and cooperation of state and county public welfare agencies and private agencies wherever possible.

Initially, two high-standard adoption agencies in the East were selected to participate in the project. The majority of our children have been placed through these two agencies—Louise Wise Services of New York City and the Children's Bureau of Delaware, Wilmington. More recently, other League member agencies have become affiliated with the project.<sup>2</sup> They have provided a service to the project either by placing an Indian child or by serving a family in their locality who expressed interest in adopting an Indian child.<sup>3</sup>

The contribution made to the Indian Adoption Project by the participating adoption agencies has been much more than merely placing an Indian child for adoption. Their enthusiasm in planning for Indian children, and the adoptive families which they have been able to find for them, has caused many social agencies in the child's home area to take a "new look" at the Indian child and his adoptability. Personal contacts between the agencies have proved invaluable. Workers and executives from the adoption agencies have visited reservation areas to see Indian chil-

<sup>2</sup> Boston Children's Service Association, Boston, Massachusetts; The Spence-Chapin Adoption Service, New York City; the Children's Bureau of the Indianapolis Orphan Asylum, Indianapolis, Indiana; and The New York Foundling Hospital, New York City.

<sup>3</sup> The Project Director would welcome participation of other adoption agencies that may have adoptive resources for Indian children.

children and learn something of the Indian way of life. The social workers from the Bureau of Indian Affairs and other social agencies have escorted Indian children east and learned about the programs of the adoption agencies here. These personal contacts have helped to ease the many tensions in making such long distance placements, and have developed a sense of trust between the agencies.

Representatives of the adoption agencies have also taken leadership roles in institutes on adoption sponsored by the Bureau of Indian Affairs. And last, but by no means least, the legal counsels of these agencies have given invaluable assistance in handling the many complications which may arise in inter-agency and interstate adoptions.

### *The Gains for Indian Children*

We believe that the Indian Adoption Project has proved a real stimulus towards the improvement of all social services to Indian children and their families. Social workers from the Bureau of Indian Affairs as well as from state welfare departments report that there is a new emphasis upon early permanent planning for Indian children, and that children are no longer allowed to remain in situations of severe neglect because no other plans are available for them.

At a recent Bureau of Indian Affairs Conference on Adoption held in South Dakota, Miss Margaret Lampe, Adoption Consultant for the South Dakota State Department of Public Welfare, reported that since the beginning of the Indian Adoption Project two and a half years ago, the number of Indian children referred to the welfare department for services has increased tenfold. She stated that since the late 1940's the number of Indian children referred to the welfare department for adoptive purposes has increased considerably, but because of the limited adoption resources within the state for Indian children, the social workers became very discouraged. Miss Lampe also said that as a result of their work together on the Indian Adoption Project, there has developed a new and better working relationship between the welfare department and the Bureau of Indian Affairs, with a mutual respect for each other's problems. Similar experiences have been reported in other states where the project is operating.

One of the responsibilities of the project director is to take back to the Indian people reports about those children who left their reservations for adoption through the Indian Adoption Project. These people have been pleased with the reception and quality of service which their children have received in the East, and they have been doubly pleased by the kinds of families which have adopted them. Indian people are coming to learn the advantages and safeguards of agency adoptions, and some tribes are moving towards effecting tribal regulations whereby all children needing adoption off the reservation would be planned for through licensed and approved adoption agencies. In the process, they are asking many intelligent questions about the whole area of adoption.

We have been fortunate in this undertaking to have received a grant from the Elizabeth McCormick Memorial Fund which has enabled us to incorporate a research component with the project. The objective of this research is to develop systematic knowledge about the characteristics of couples who have adopted American Indian children and thereby to learn more about the phenomenon of adoption across ethnic and racial lines. An equally important objective will be to develop a portrait of the adjustments of these couples for a period of one to two years after children have been placed in their homes. Factors in the backgrounds of these individuals which may have prepared them for this rather unique experience will be explored, with special emphasis upon value systems which tend to support an essentially nonconformist life adaptation. In addition to probing motives which stem from sociological factors in the couples' lives, more unique motives of individuals, including those of a potentially neurotic kind, will be scrutinized. Where possible and appropriate, comparisons will be made with other adoptive couples who have adopted children of their own ethnic background.

It is realized that a project like the Indian Adoption Project deals with the end result of many complex social problems. We feel that this project for helping a small segment of children is justified, for through it the League can become involved more deeply in basic problems in the care of Indian children, and can help improve the general conditions among Indians.

## SOCIAL

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**Social Work**  
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OUR expatriate married group, though. This group, from South Dakota, is made of about 100 people, geographically diverse, and distributed in more than 20 different groups. A small town of 50 children are in the area. The Indians are very

The growth of economic activity in the region, whether for timber or agriculture, has been slow. Much of the land is owned by a few Indian families, and even when they do develop it, they depend on outside laborers in a seasonal fashion. The region has few jobs, and the population is stagnant. The geographical area is large, but it is controlled by the Central Government. The assistance of the United States, through the Office of Indian Affairs and the Bureau of Indian Affairs, is needed to help the region become organized and to develop its potentiality or resources.

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<sup>1</sup> We have mothers have part these because the not as a r who has k of neglect.



## SOCIAL SERVICES TO THE INDIAN UNMARRIED MOTHER

*Stella Hostbjoer*

Social Worker  
Sisseton Indian Agency  
Sisseton, South Dakota

OUR experience with Indians and Indian unmarried mothers has been limited to one group, the Sisseton-Wahpeton Sioux tribe.<sup>1</sup> This group of Indians lives in northeastern South Dakota and has a resident population of about 2,300. The group has not been geographically isolated from the dominant culture, and this and other factors have contributed to a greater degree of acculturation than we find in the more isolated Indian groups. About one-third of them live in the town of Sisseton and almost half of the children are attending public schools this year. The Indian language is still used, but there are very few who cannot speak English.

The group is a deprived one socially and economically. The tribe has no oil, minerals or timber, and only a small amount of land. Much of the best land has been lost, and very few Indians do any farming but rather lease their land to non-Indians. For the most part they depend upon seasonal employment as laborers in the agricultural fields, on construction jobs, or at the local produce. The categorical assistance case load as administered by the County Welfare Office and the general assistance case load of the Bureau of Indian Affairs are both high. The group is loosely organized and there is not strong group identity or strong leadership.

As one would expect, there is the social disorganization of a group in the process of cultural change. Symptoms include poverty, dependency, marginal standards of living, family breakdown including illegitimacy, child neglect, alcoholism, delinquency and crime.

In considering the unmarried mother we are particularly concerned about the family breakdown and the effect on the marriage customs and moral standards of the group. The transition from the old kinship system

to a nuclear family has meant less control over family relationships and a great increase in family breakdown. There are many stable marriages which may be legal or so-called "Indian custom." However, there are also many casual and temporary relationships which do not offer satisfaction or security to the couple involved or the children born to them. The members of the group do differentiate between a legal marriage, a true Indian custom marriage, and temporary relationships, and are critical of the last. However, their disapproval is not consistent enough or strong enough to be of much influence. Since the state does not recognize common law marriages, all children born as a result of these temporary relationships or Indian custom marriages are considered illegitimate.

We would expect a high rate of illegitimacy as a result of these confused marriage patterns and disturbed family relationships. Many children grow up without a father person or have a stepfather or a succession of stepfathers. Thus they do not have a wholesome family pattern to follow, and normal psychosexual development may be impossible.

Because of the confusion surrounding these relationships there is also confusion regarding the actual circumstances of the child's birth, and the extent of illegitimacy in the group. Last year exactly one-third of the births at our hospital were registered as illegitimate. However, we know that several of these mothers were living with the father of the child as an extra-legal family. Also, we noted that for several births registered as legitimate, the mother actually had the child by someone other than the man to whom she was legally married and in whose name the birth was registered. Of the thirty-three births registered as out of wedlock last year, only nine were first births.

We cannot isolate the Indian unmarried mother from her heritage. We need to recognize that she is a member of this group and shares certain of their attitudes, behavior and customs. We must also recognize that she is a unique personality. We see her problems and needs as being basically the same as those of other unmarried mothers, but her personality, experiences, and cultural patterns do

<sup>1</sup>We have known well only a small proportion of the mothers having children out of wedlock, and for the most part these have been the ones who have asked for help because they did not wish to keep their children. We have not as a rule had close contact with the unmarried mother who has kept her child, unless the case was referred because of neglect.

create differences. We feel that most of the Indian unmarried mothers we have known have had emotional problems which played a part in their illegitimate pregnancies, and that their behavior served a purpose for them. However, we do not know enough about the total problem of illegitimacy in this group to evaluate the importance of various contributing factors, including the cultural pattern.

### *Attitudes toward Illegitimacy*

We can, however, identify some differences which are related to the cultural background of the group. Outwardly, the group attitude toward illegitimacy seems very permissive and accepting. We do not believe most unmarried mothers experience a strong rejection by their family or friends. Sex relationships and the birth of babies are considered normal and natural. However, as we examine individual attitudes we find there are many variations, ranging from condemning and punitive to mildly disapproving. Parents are disturbed when their daughters get pregnant. Girls often deny their pregnancies and mothers are slow to admit that an unmarried daughter is pregnant. Girls who have one child out of wedlock often seem reluctant to ask to have their second child included in their ADC grant, and members of the Indian community may be as critical of the ADC program in relation to unmarried mothers as their non-Indian neighbors. Thus while the Indian unmarried mother may not be strongly rejected or criticized by the group, she often faces a degree of disapproval, and this and her own attitude about her pregnancy may create conflict for her. We should note that the disapproval is stronger if she becomes pregnant by a *wasicu* (white man) than if she becomes pregnant by a member of the group.

We believe there is also some cultural difference in the acceptance of the child born out of wedlock. We never hear a disparaging tone or term used in speaking of the child, and we seldom hear anyone speak of him with pity because he is a fatherless child. The old kinship system has not completely disappeared, and there is often a willingness on the part of grandparents or other relatives to take the child if the mother does not or cannot care for him. It does not seem to us that the circumstances of his birth set him apart

from other children as he is growing up. There are children who, like him, were born out of wedlock, and children born in wedlock whose parents are separated so that they do not have a father person in the home. There are also many children who live with a grandmother or aunt or have stepfathers. We do not sense that most members of the tribe see a lack of a father person as a big problem for the child, but we know that the child frequently expresses conflict regarding his parentage when he reaches adolescence. He may come then asking what the records show about the identity of the father, and wonder if he can be found and if he will help him.

The readiness of relatives to accept the child makes it easy for the unmarried mother to keep the child herself or give it to a relative, usually her mother, but this does not necessarily mean that the plan is a good one for the child or that it is a permanent one. A grandmother sometimes will tell us that she is too old to care for a baby, but she usually needs support to act on this decision. She may take the child but express the hope that the mother will take him in the future, and children frequently pass back and forth between mother and grandmother or some other relative. Most unmarried mothers are encouraged to keep their babies themselves, and may receive considerable help from other members of the family in the care of the child. Many of these mothers do not have the emotional stability or maturity to give the child love and good care, and he may suffer extreme physical or emotional neglect. We do not know enough about why these mothers keep their babies to evaluate the part played by their own needs and by the cultural pattern.

Another cultural difference is the part played by the alleged father and his family. If the father is non-Indian the girl may not name him and does not want him to know about her pregnancy. If he is a member of the group she is apt to name him, his identity is known in the community and he usually acknowledges paternity. His attitude does of course depend somewhat on the nature of the relationship between him and the mother, and there is not always an admission of paternity.

If the mother does not wish to keep the child, the father may offer to take the child to his mother, or the unmarried mother may request this. If the mother keeps the child,

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she may expect the paternal grandmother to care for him on occasion and the child may have contact with paternal relatives as he is growing up. The father's interest in the child does not usually extend to support, and there is seldom a close father-child relationship. We actually know few situations where the father or his family assume responsibility for a child, but there is this acknowledgement of the relationship.

### ***Attitudes toward Adoption***

We have seen that group attitudes make it easy for a mother to keep her child, and we want to point out that group attitudes may also make it difficult for a mother to release her child for adoption outside of the group. The others may be critical of a mother who gives her child to someone in the group, but may assume that the mother will take the child at a later date and will be available if the child needs her. Placement outside of the group indicates a stronger rejection on the part of the mother and is of course recognized as a permanent plan, and members of the group are much more critical of it. This is partly concern over the child's leaving the group and the possible loss of his Indian identity. There may also be a guilt feeling—a feeling that someone in the group should accept responsibility for this child. It would appear that a punitive attitude also plays a part in this thinking: the mother has had the child and should assume responsibility for him, and this will make her become more stable. An unmarried mother who is releasing her child for adoption outside of the group usually does not discuss it with others or admit that she has given permanent custody.

We need to recognize here that members of the group can accept interpretation regarding children's needs, and we have not had strong negative reactions or concern regarding the children who have been released for adoption outside of the group. However, if we ask one of the members how he feels about this, his initial reaction is usually disapproval.

Now that we have considered these attitudes of apparent group acceptance of illegitimacy, the ease with which an unmarried mother keeps her child or makes plans for it within the group, and the criticism aroused when she places it outside of the group, there might be some question about the need for

adoptive homes for Indian children. But, we find that not all Indian unmarried mothers want to keep their children or are able to care for them. It is also true that there is not always a grandmother or other relative who wants to assume responsibility. Also, there are a number of unmarried mothers with such serious personal problems they obviously cannot offer any kind of security to their child even though they might wish to do so. So for many years there have been children in this group needing permanent plans, and we believe there would be many more for whom adoption would seem feasible if we were able to give casework services to all unmarried mothers.

Before the initiation of the project described by Mr. Lyslo, all children coming to our attention who needed adoption were referred to the South Dakota State Division of Child Welfare, and we continue to use that agency. However, there were many more Indian children needing adoptive homes than there were homes available in South Dakota, and a considerable number of them were growing up in boarding homes. We found ourselves having a great deal of conflict when an unmarried mother asked our help in planning for her child. We never felt we could promise her that there would be an adoptive home for her child and we had real concern about the alternatives for him—that is, being kept by his mother who did not want him, or growing up in a non-Indian boarding home where he might never feel a sense of belonging to either the family or the group. We are sure we often failed mothers who were looking for the right plan for their children and needed help and reassurance in releasing them. We also found it easy to go along with mothers who did not want to face a final decision and asked boarding home care for their children rather than adoptive placement. Why worry about a release when there might never be an adoptive home available?

The Indian Adoption Project has not solved all of our problems. We are still not giving the kind of service we would like to, but the project has given us new hope and confidence in working with unmarried mothers. We feel it has pointed out the need for increased services to all Indian children, those who remain with their mothers as well as those who need adoption.



# ETHICAL DILEMMAS FACING THE SOCIAL WORKER\*

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THE ethical dilemmas facing social workers in their daily professional practice grow out of conflicts in values. There are many situations in which social workers with individuals, groups and communities find two or more value considerations implicit, each indicating a different action response to the situation.

Let us look at some of the areas in which there are conflicting value systems at work.

## Conflicting Values

1. One conflict frequently encountered is between the value system of lower class clients and that of the middle class, usually predominant in the general community and probably operating more often than not in the social worker's thinking. For example, lower class culture puts a higher value on the immediate benefit; middle class on the quality and quantity of the benefit. It is more usual for a lower class family to approve, if not demand, that a son drop out of school when he can legally do so and help to support his family and himself. Middle class culture will be more concerned about the greater earning power and status which will presumably result from higher education, and will forego immediate benefits in favor of better benefits later. Willingness to compromise one's freedom for food or shelter, or even for less necessary items, is not universal, but very common.

2. Another type of value conflict is that between a social worker's professional values and generally held community values. Many examples could be given of such a conflict. The social worker in urban renewal, who is helping Negro families to relocate in face of redevelopment, again and again runs head-on into discrimination in sale or rental of private housing. The client needs the housing and

*Some guides for making decisions on questions involving values.*

is willing to pay for it. The worker knows that realistically the community will not suffer from the client's moving into the new community. But vacant apartments suddenly become unavailable when the applicant is Negro.

Another example is to be found in the community organization worker's recognition that a few powerful individuals and groups make most community decisions. Does one work with these power figures only in social planning? A very good case can be made for the point of view that decisions—wise decisions—get made and implemented far more quickly if the community organization worker's skill is used primarily with the community's decision-makers. But what about the needs of other kinds of people to feel that they are something more than pawns or victims in the social planning process?

A somewhat different example is that of a popular community attitude complicating simple solutions of welfare administration problems. At our school, we use a case record of a public health department's planning for care of premature infants. A state law provided state funds for care of premature infants in "medically indigent" families. This raised the question in one community of hospital care for "medically indigent" families who were not on the public welfare rolls. The hospital superintendent thought the solution was obvious: put the family needing hospital care but unable to pay for it on the relief roll. That would make available the services of the public welfare worker in determining extent of financial need for subsidized medical care. The visiting nurse and the public welfare worker, however, pointed out how reluctant many families are to apply for public assistance and how much the general community disapproves of anyone being "on relief." Community attitudes here got in the way of what seemed like any easy solution to a problem.

3. A third conflict in values which appears over and over is that between the needs of the

\* Given at the National Conference on Social Welfare, combined associate group meeting, June 7, 1960, in Atlantic City, N. J.

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individual or the group and the well-being of the community. Urban renewal plans pose this dilemma to social workers in neighborhoods very frequently. The city cannot afford to let its inner core get more and more depreciated in value. Nor can it disregard the need to build new traffic arteries to move people to and from work, shopping, schools, and the like. In carrying out very necessary plans, many people are hurt financially, socially, and in other ways. Social workers generally have not opposed urban renewal plans, but have worked for more humane practices in relocation and more human considerations in site selection.

The detached group worker encounters the conflict of interest between client, group and community over and over again. Should he remain silent or "go along" with the gang planning a foray against the community lest he lose this relationship, which is his major lever in working with it? Where does he take a stand on proposals which are immoral if not illegal? His services would not be assigned to the gang if their standards were not more or less in conflict with community interests. When does the worker take his stand for the community and withdraw from the group activity, thereby losing much if not all of his chance to modify it? These are difficult questions.

4. A fourth type of value conflict is that between two generally accepted social work values when one seems to indicate one course of action, the other a different course. One example is to be found in the question, already answered with some finality in certain communities, of the clients' rights to confidentiality as against the advantages of a social service exchange. Services can reasonably be expected to be more effective if there is some coordination and sharing of information between the various agencies providing services to the same family. But does a social worker have the right, with or without the consent of the client, to make available to other community agencies even the information that he is listed as a client of a given agency? The fact that reputable social workers take differing points of view on the question shows that it is a real dilemma involving two very valid social work values.

Another example is this question often encountered by a community organization worker: To what extent does he try to save a committee or organization from undertaking a project which is doomed from the outset to almost certain failure? Is self-determination the higher value or does satisfaction of the group's natural need for some achievement take priority? Answers to this dilemma seem to have a way of becoming elusive and obscure.

### **Guideposts for Decision-Making**

It would be comforting to be able to say that the Ten Commandments and the Golden Rule will serve as reliable guides to decision-making on value subjects. However, millions of words have been written and spoken for several thousands of years and people still lack unanimity on many specific applications of these values, even those who want to obey them. And there are many who do not want to!

It is easier to see the ethical dilemmas than it is to formulate guideposts. As a stimulus to your own thinking, here are some suggestions.

First, recognize questions involving value judgments when they are encountered in day by day practice. As Muriel Pumphrey so ably points out in *The Teaching of Values and Ethics in Social Work Education*, social workers very often take values for granted.<sup>1</sup> A member of one of my classes recently said when the class was finding it very hard going in discussing social work values: "We aren't accustomed to think in this way." She was a student with several years of experience in an agency before coming to school. A member of my class who seemed more able to deal with value questions was one whose current leisure-time reading seemed to be mainly in ethics and philosophy.

May I suggest that we as social workers will be more sensitive to value questions as they appear in our everyday professional experience if we make ourselves read more on the subjects of ethics and philosophy. This

<sup>1</sup> Muriel Pumphrey, *The Teaching of Values and Ethics in Social Work Education*, Vol. XIII of the Curriculum Study, Council on Social Work Education, New York, 1959.

should enable us better to see value implications in everyday professional experiences, when they exist.

Second, we should be forever striving to think through and clarify our own philosophy of life as a basis for our own value system. I trust that a philosophy of life is a lifetime in building, but we should not be content to be uncertain merely because we have not thought about ethical and philosophical issues. Do not clients too have a right to say to the worker sometimes, "What do you think?" and to get an honest answer? Students at our school, and probably students everywhere, say they want to know where their instructor stands on certain issues. They will not necessarily agree with his stand, but they respect his willingness to state which side of controversial issues he favors, and why. Of course, they expect him to state the pros and cons of both sides. Clients too, and the community, have a right to expect that social workers will not be neutral on significant moral and ethical issues.

Third, the disciplined social worker should be able to distinguish between the operation of his own emotional needs and the application of his value system in his relationships with clients. Keeping one's focus on what the client needs is one of the ethical commitments of our profession, but emotional needs are tricky. More than one social worker has made a professional crusade out of promoting acceptance of a particular value-based point of view, but has not in practice consistently followed its implications. There are preferred ways of work, some better, some worse, but not all preferences represent a defensible ethical value. Clarity about what are value judgments and what are other kinds of choices should help us be more intelligent and consistent in relation to values.

Fourth, skill in making balanced judgments regarding ethical issues can be nurtured and improved through careful use of experience. The balancing of individual needs against community needs, one social work value against another, is a matter of skill and knowledge as well as commitment. Insight can be gained and skill in exercising value judgments can be developed through the same means of pro-

fessional help used in improving other professional abilities, i.e., supervision, reading, institutes, and workshops. The individual help may come not only from the agency supervisor but from a pastor, a wise friend or relative. Not all social work supervisors are equally helpful in developing ability to make well-balanced value judgments. This skill can only be improved if it is used. Neutrality on value issues causes atrophy of value-judgment skill.

5. Finally, courage is required to follow the road of the higher values once a decision is made based on careful weighing of value implications. The fact that social work values are not always popular community values makes courage all the more necessary. The complexity of the interrelated value implications in a social work situation very often makes the worker's position difficult to explain to a layman. Clarity and courage should be twin goals in the social worker's approach to ethical questions in his day-by-day practice.

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# ENVIRONMENTAL THERAPY\*

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*In residential treatment centers, an important part of the total treatment approach is the environmental therapy which is carried out by the child care staff.*

EACH residential treatment center varies in its theoretical framework for helping the disturbed child. At one extreme is a belief that individual psychotherapy is the only therapeutic technique and that the residential workers are there to provide the appropriate living arrangements for the child in between therapy hours. The other extreme provides a structured environment to which the children are expected to adjust with a minimum of individualizing of their needs or problems. However it is probable that most residential treatment centers share the belief that milieu therapy is as much a part of the treatment program as individual psychotherapy.

This paper delineates two broad areas of residential treatment, the recognition and utilization of which can promote healthy development. One area is transference and countertransference phenomena; the second is the reactivation of still unmastered trauma. Ego-supportive and ego-interpretive techniques are the tools used by child care workers in approaching these areas.

Let me begin by asking the question: is not every child in a residential treatment center admitted because he has been in severe conflict with his environment, either with the home environment and his parents or the school environment and his teachers, or with the community itself? The schizophrenic child is likely to have come from a home which has been too hostile or too lacking in meeting the basic needs, so that the child has had to use the defense of withdrawal or substitution of a world of his own for the real world which is too overwhelming, or both. The acting-out child is likely to have come from a home environment which has not set the necessary reality limits or controls, so that his ego has never learned appropriate techniques for deal-

ing with his impulses. The neurotic child, who has internalized his conflicts, is seldom in such conflict with his environment as to need the all-out treatment approach of the residential treatment center, but rather is likely to find his way to clinics or to private psychiatrists and to be treated on an out-patient basis.

The child, then, is admitted to the residential center because it is felt that he cannot be successfully treated as long as he remains in the home environment, either because his behavior is intolerable to the environment or the environment is not amenable to sufficient modification at that time to support the appropriate use of psychotherapeutic techniques alone. Seen from this point of view, the residential center attempts to provide the modifications in the environment for specific children. One child may need a simple, well-structured environment fairly free of stimuli in order to keep a nascent ego from being overwhelmed with anxiety; another child may need an active environment, the learning of skills, having demands placed on him. Between these two extremes are multiple and individual variations dictated by a thorough diagnostic study of the genetic and dynamic forces which have been operating within the family and have contributed to the child's disturbed behavior. The residential treatment center can strive to offer the child an environment which is relatively more modifiable, less hostile and less ambivalent than the environment from which he came.

After the initial "honeymoon" within the residential center, the child begins to show more and more the behavior patterns and reactions which the historical data have itemized. We understand the emergence of the old symptoms and behavior in terms of *transference reactions*. As the child develops meaningful relationships to various child care

\* Given at the annual meeting of the American Association for Children's Residential Centers, Chicago, Illinois, November 14, 1959.

workers, he tends to transfer to them many of the attitudes and feelings which originally were directed towards his parents.

Besides the transference reactions there inevitably will occur *reactivations* of previous traumatic and as yet inadequately mastered events. These reactivations of old traumas are stimulated by experiences which are built into residential centers. There is, for instance, separation anxiety, which is reactivated on admission and at frequent intervals thereafter. The eight-hour shifts, vacations of the staff members, absence of the staff members due to illness, staff members leaving, inevitably reactivate unresolved separation anxiety. Periodic visits of the parents to the center or the child's visits home to the parents also reactivate it. The advent of each new child in the center can reactivate the feelings of displacement by the new sibling. One or more of the children may be treated as the sibling rival of the past. This sibling rivalry is another built-in experience in a treatment center. Innumerable other reactivations could be cited, but this is not the focus of this discussion.

With the reactivation of these previous traumatic events, the child will show transference reactions to those child care workers with whom he is emotionally involved.

The next question to consider is how the residential staff can make use of these transference reactions and reactivations therapeutically. One therapeutic approach is through the corrective emotional experience, in which, while an old trauma is stirred up and the child reacts to the staff members and environment much as he had reacted previously, the environment does not react to the child as it did originally.

The child care worker uses the technique of ego support, and verbalizes the child's reactions as being due to his fear that his relationship with her will change, etc. There follows some modification of the child's structure. He also has an opportunity to master a bit of his previous anxiety. Since these episodes occur over and over again during the child's stay in the residential treatment center, the bits of mastery add up and encourage his ego development.

As an example, let us take the psychotic child of latency age who is being destructive.

The parents may have originally reacted with unconscious rage at the child, and become immobilized because of fear of the rage and thus unable to stop the child's destructiveness. The child care worker, not conflicted by this fear of his rage, is able actively to intervene before the outbreak or at least at its beginning. These kinds of responses consistently carried out by the child care personnel gradually provide a reality orientation, and help the child develop ego boundaries and controls.

Another example is a boy of latency age who has never resolved his oedipal conflict. His mother has been overstimulating to him, his father has been passive and has done very little intervening in the seductive relationship of the boy and his mother. After this boy has been in the residential treatment center for a few weeks he begins to behave very seductively and exhibitionistically towards one of the women child care workers. This worker, however, does not respond in the same way as the mother had previously. She makes it plain that she neither responds to nor approves of this behavior, and offers him more appropriate ways of relating to her. The transference reactions to the father might reveal themselves in individual therapy with a male worker, or with a male child care worker. This boy's anxiety might well increase should the man permit him to win all the games or in other ways be passive as was his father. The man who would set limits and would compete in a mature way with this latency age boy would be giving the necessary support to the boy's ego so that he could hopefully move towards a healthier resolution of the oedipal conflict.

It is not a part of the scope of my presentation to attempt to take up the difficult field of the *counter-transferences*. How does one cope with the worker who does respond unconsciously to the boy's seductiveness, or the staff member who does become immobilized with rage when the child is destructive, or the worker who has never resolved his own separation anxieties? The therapeutic validity of the residential treatment center will depend in the long run on the amount of in-training provided and on the understanding and working through of counter-transference phenomena, not only by the child care staff but also by the psychiatrists and all the other personnel involved.

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# THE TRANSITIONAL METHOD IN THE ADOPTION PLACEMENT OF OLDER INFANTS AND YOUNG TODDLERS

Roberta G. Andrews

Associate Director  
Children's Aid Society of Pennsylvania  
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ALTHOUGH articles by Spitz and Anna Freud describing the reactions of infants and young children to separation from the mother person predate Bowlby's monograph *Maternal Care and Mental Health*<sup>1</sup> by at least a decade, it undoubtedly was the latter work which more dramatically and forcefully focused the attention of child care workers upon methods of helping infants and young toddlers in the transitional move from one mothering person to another. Placement agencies, whatever their specific service, are in the business of separation. Caseworkers, by virtue of the nature of their work, must help young children leave one set of parents for another set, often under extremely painful and traumatizing circumstances.

## Growth Versus Trauma

More has been written on the subject of separation than about the methods used in helping a child to manage a separating experience. Gerard and Dukette<sup>2</sup> in a chapter entitled "Techniques for Preventing Separation Trauma in Child Placement" cite only articles in early issues of the *Journal of Social Casework Process*.<sup>3</sup> In her introduction to Volume III, Taft points out that adults responsible for moving children are faced with the temptation to take too much responsibility or none at all. The papers in Volume III, particularly Gennaria's "Helping the Very Young Child to Participate in Placement," describe a transitional process whereby the child is helped to participate in the separation from a foster family to an adoption family.

Whereas the title of the articles by Gerard and Dukette and by Gennaria, which are men-

*How children have been helped to cope with the pain involved in moving from known to unknown parents.*

tioned above, point up a difference in emphasis, i.e., the aspect of growth versus the aspect of trauma, there appears to be no disagreement between these writers that a transitional process is essential to enable a child to handle his pain in giving up a known set of parents to move to a comparatively unknown set of parents. Gennaria describes in detail the use of language, tone of voice, repetition of words in helping five different children ranging in age from about eight months to just over two years move from a foster to an adoption home. Gennaria puts value upon the repetition of words, specifically words which are part of a young child's vocabulary, as reassurance to the child. She also emphasizes breaking up the move from one home to another into parts to help the child manage the move without an overwhelming threat to his ego, which might result in serious regressive symptoms.

Gerard and Dukette state:

"... in utilizing the transitional method of placement the aim is to place the child in a new home only after he has developed some familiarity with it and gives evidence of a beginning affection for and dependence upon the new parents, at least upon the mother. . . . This method of placement involves the desirability of the child's having several and frequent visits with the new parents and with each parent alone to simplify the problem of developing interpersonal relationships."

They comment on the value of relaxation, of the use of familiar toys, familiar foods. They state: "... once the infant can associate the familiar sensations of the first relationship to the new face and person, the changes of behavior natural to the new mother can gradually take over and the child in turn responds to her whole person."

In order to avoid the kind of regression described by Anna Freud<sup>4</sup> and the kind of

<sup>1</sup> John Bowlby, *Maternal Care and Mental Health*, World Health Organization, Geneva, 1951.

<sup>2</sup> Margaret W. Gerard, *The Emotionally Disturbed Child*, Child Welfare League of America, New York, 1953.

<sup>3</sup> *Journal of Social Casework Process*, Pennsylvania School of Social Work, University of Pennsylvania, Vol. I (1937) and Vol. III (1939).

<sup>4</sup> Anna Freud and Dorothy Burlingham, *War and Children*, Ernest Willard, New York, 1943.

unsatisfied longing and state of tension resulting from a too rapid separation, the adoption department of the Illinois Children's Home and Aid Society, as described in the article by Gerard and Dukette, has worked out a transitional method of placement which may involve several trips to the foster home by the adoption parents, with a gradual assumption of daily care duties by the new mother until the child makes the move from one home to another.

### ***A Modified Transitional Method***

This kind of transitional placement, which provides emotional smoothness in the gradual transfer of child from one family to another, would be difficult for most adoption-foster care agencies to effect for a number of reasons: insufficient staff time, geographical distance between the home of the adoption family and location of the foster home, the emotional impact involved in bringing together foster and adoption parents, and the difficulty in maintaining the confidential nature of the adoption placement. Agencies pressed to provide adoption placement for minority children, siblings, older children, as well as infants, are faced with the practical limitations of time and money. Nevertheless, professional service rests upon sound practice.

If the method described by the Illinois Children's Home and Aid Society is without parallel and is the most desirable way in which to effect the replacement of a child, then all agencies should be striving to achieve that kind of practice irrespective of costs. However, if it is possible to place children using a modified and telescoped version of this transitional process without observable long-term deleterious results, the method, in principle, will become more universally practical.

This article grows out of an evaluation and case analysis of eight children who were between nine months and three years of age when placed with adoption families by the Children's Aid Society of Pennsylvania. My overall objective in this practice review was to weigh the growth potential for the child in the process of his separation against severe anxiety which might provoke serious regressive symptoms. In so doing, I attempted to differentiate between symptoms of grief which

cannot be avoided and behavior which obviously was regressive—which was, in other words, a retrenchment or decompensation of the ego resulting in the child's retreat to an earlier state of satisfaction and security.

Our concern as child welfare workers, possessing a knowledge of ego psychology and a psychodynamic perspective with respect to child development, is that a separation not be so traumatic as to lead to a malfunction in the child's capacity to love and to learn. We need to examine whether the defensive measures a child uses to handle pain and anxiety at the time of separation when there is a serious break in his continuity can affect his capacity for deep relationships and the development of spontaneity in his personal interrelationships. To quote from Bowlby: "Ego and superego development are thus inextricably bound up with a child's primary human relationships; only when these are continuous and satisfactory can his ego and superego develop."<sup>5</sup>

Charnley, in her book *The Art of Child Placement*, states, on the other hand:

"Once having recognized the fact that separation and pain are inter-twined, child placement workers need to sort out their feelings about pain. . . . It is necessary to focus on the ability of all—child and adults alike—to take in pain, to give it recognition and a part in their lives, to grow from it, to go on with it. To protect any child from all pain, physical and emotional, would be a highly questionable way in which to build a sound adult. Beginning with the moment of birth, life is a series of separation experiences and in each of these there is pain."<sup>6</sup>

### ***Sustaining a Child's Ego***

I selected the situations of children placed from a foster home between the ages of nine months to three years, in the belief that this is the most critical age for a replacement. It is the time when the child is forming and consolidating a discriminating attachment to parent figures. The child at this age is aware of the loss of parents without having achieved the ability to protest through a sophisticated use of language.

Physical motility is non-existent or limited,

<sup>5</sup> John Bowlby, *op. cit.*, p. 53.

<sup>6</sup> Jean Charnley, *The Art of Child Placement*, University of Minnesota Press, Minneapolis, 1955, p. 12.

depending upon age. The child is dependent upon powerful adults to provide protection, security, understanding, love and nourishment. The child in this age range also has begun to develop an oedipal attachment to a foster parent. He may be moved in the midst of these libidinal attachments, or in other words before he has been able to consolidate his identifications, his sense of identity as the result of important relationships in his life.

In reviewing psychoanalytic literature, one reads that the ego may be regarded as having been developed for the purpose of avoiding traumatic states; that trauma is a relative concept depending upon factors such as the constitution and previous experiences, whether motor reactions are possible and how overwhelming the actual event may be. The child welfare worker, therefore, needs to evaluate the following: the innate health and strength of a child, his capacity to take love and nurture from the mothering person (who is not his biological mother), his awareness of himself and his ability to form discriminating attachments and to provide a responsive feedback to members of the foster family. Occasionally, known earlier deprivation—such as being hospitalized at four months for malnutrition—must be measured against the child's demonstrated capacity in a foster home to reverse the earlier deprivation and to attain a spurt in his physical and emotional development.

In planning for a child's replacement from foster to adoption home, certain transitional steps must be evolved in order to sustain his ego and thereby help him cope with the pain and fear involved in losing a known set of parents to take on relatively unknown, untried parents. Once a careful evaluation is made of all we know and can understand about a child, we use a telescoped transitional method in the belief that the child's capacity to cope with anxiety of separation can be strengthened by the professional activity of his own caseworker and the adoption worker, the former working also with his foster parents and the latter with the adoption parents.<sup>7</sup>

<sup>7</sup> In the adoption work of the Children's Aid Society of Pennsylvania the same social worker seldom acts in both capacities, although exceptions might be made for older children.

### **Steps in the Transitional Process**

The effectiveness of the transitional process rests upon the following five ingredients, and how well they can be implemented:

1. The ability of foster parents to contain sufficiently their sense of loss so that they do not sabotage, subtly or openly, the agency's preparation of the child for meeting new parents: The foster parents must be identified with adoption as providing something better or more continuous for the child.

Mary was twenty-eight months old when placed from the foster home in which she had lived from eight days of age. Of their many foster children, she was the only one to come to the foster parents as a new-born infant and they placed a special value upon this child. One reason for the delay in the placement of this normal, healthy, well-developed little girl was the foster parents' desire to adopt her, a sentiment in which neighbors and relatives actively joined. The agency holding custody wisely decided to give the foster parents sufficient time to make a realistic appraisal of their ages and health. Through casework counseling, these foster parents were enabled to cope with their sense of loss and to be able to give Mary emotional support in moving to new parents.

2. The capacity of adoption parents to understand the child's grief reactions, to provide loving comfort but not to overwhelm, and above all to be able to wait for the child's love and emotional feedback. Diagnostic appraisal of the couple as parents is the agency's insurance policy for the child's future.

The adoption parents chosen for Mary had learned much in raising their first daughter, Susan, adopted when a few weeks of age, now five and a half years old and ready for first grade. The adoption worker, based on her knowledge and understanding of the family, had trust in their capacity to understand Mary's reactions to her placement; she worked to help them achieve a relaxed perspective about how to handle themselves and Susan in the process of taking Mary into their home.

3. Preparation of the child by his caseworker for meeting new parents.

Trips to the doctor provided one of the chief means of enabling Mary to know and develop more trust in her caseworker, who was to be the one to precipitate intense pain for her but also provide what comfort and reassurance she could. The caseworker told Mary in the presence of the foster mother that she wanted her to meet



a new mommy and daddy. Certain words were warmly and repetitiously used: "a new mommy and daddy to grow up with;" "a sister Susan who wants a sister to grow up with;" "Mommy Jones loves Mary and so does Daddy Jones but they want her to have a mommy and daddy and sister of her own to grow up with;" "Mary is a good little girl whom Mommy and Daddy Jones love but they want her to grow up with a mommy and daddy of her own, they have other children and now a new grandchild;" "they want Mary to have a home all of her own;" "Mrs. Gardiner (caseworker) wants Mary to meet a new mommy and daddy and a sister Susan soon who will tell her about their house, their dog, toys. . ."

Mrs. Gardiner visited Mary daily for a week to talk with her in the presence of her foster mother. As is so often the case, the foster father was away from the home during the day on his job, but his name was used. His pain in losing Mary made it difficult for him to discuss the move with her. The foster mother had to be the strong one in carrying the feelings of the family in helping Mary appreciate that she still was loved, that this move had nothing to do with being bad, that it was to give her a new mommy and daddy and sister to grow up with, etc.

#### 4. The timing and handling of the meetings between child and new parents.

It was arranged that Mary's placement would take place in three stages; depending upon her emotional readiness she would drive home with the new family on the third day. In driving Mary to the agency for her first meeting with the new family, the child allowed herself to be placed in the car but sobbed in a completely heartbroken fashion. Her caseworker used comforting and reassuring words, told Mary she knew how sad she was, how unhappy and frightened but while accepting the child's grief, she continued to prepare her for meeting the new family and her words were a balance of recognizing what the child was feeling and at the same time reassuring her about the future. Mary also was told that after a short while she would be driven back to Mommy and Daddy Jones's house. In that first short meeting with the adoption family, the Masons, Mary was very frightened and would not respond to any of the advances made to her. She clung to Mrs. Gardiner, who after introducing the new family felt that this was all Mary could encompass in this first meeting. After they left, the adoption worker talked with the Masons who told her they thought Mary was a precious little girl, pretty and feminine. They were distressed by her reactions but could indicate their understanding of the painful separation from foster parents this move represented.

In planning for the following day, it was decided that Mr. Mason and Susan would wait in a nearby park, enabling Mary to have some time alone with Mrs. Mason. Mary, who had been able to tell Mrs. Gardiner how frightened she was of meeting the new family, did not cry on her second trip into the agency to be with them. When she saw Mrs. Mason, she began to cry at that point but did not refuse Mrs. Mason's offer to hold her. Mrs. Mason rocked her in the rocking chair, spoke to her softly and after about a half hour, Mary felt enough comfort and trust in the new mother to allow Mrs. Gardiner to drive the two of them to the nearby park where Mr. Mason and Susan were waiting. Mrs. Gardiner left them alone together when she felt Mary was comfortable enough for her to do so. In about two hours, the family appeared at the agency with faces beaming saying they had had a grand time together and that Mary had been able to ask them for what she wanted, such as the toilet, an ice cream cone, to be lifted up into a swing, etc. The Masons, feeling more confidence that Mary was beginning to like and trust them, had begun talking with her about her going home with them on the following day. Mary's reaction was one of interest and attention.

On the third day, Mary seemed to understand what was going on. The foster family had said good-bye to her, telling her just what was happening. She was able to leave the foster home in good spirits, but her grief was later reactivated when Mrs. Gardiner said good-bye to her. At the same time, she could take comfort and affection from the new family. The child seemed to gain reassurance from knowing how much they wanted her; she began to respond to some of the enthusiasm and eagerness in their plans to get started on the fairly long trip home. She watched as the new daddy loaded her boxes and suitcases of clothes and toys. Her favorite and familiar toys were transported as well as all of her clothing. She observed all this and nodded her head to explanations of what was happening. Although a sober little girl, there was no overt expression of distress as she was lifted into the Masons' automobile.

#### 5. Close and continuous counseling to the new adoption family in the so-called period of supervision, provided for both in the agency's structure and in the legal waiting period.

The adoption worker kept in close telephone communication with the Masons for the first two weeks following upon the placement. She asked Mrs. Mason to describe in detail their trip home with Mary as well as the day's events from

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waking up to going to bed, in order to have a very clear picture of how Mary was handling her transition. Whereas Susan and Mary had been able to play together in the back seat of the car on the drive home, the impact of her separation again hit Mary when she entered the new home. She dumped all of her possessions onto the living room rug, sorted them out, commented on many saying "This is my doll, my shoes, my dress." She was fretful and unhappy and responded to Mrs. Mason's rocking her. Fortunately, Mr. Mason and Susan were tired enough to take themselves off to bed. For several nights, Mary asked for the rocking time with her new mother and would ask her to sing particular songs to her. The Masons were rather delightedly appreciative of Mary's own particular way of handling the transition: the child insisted on going to bed with her shoes and socks on for ten days. Mrs. Mason stated that this did not concern her at all because sheets easily can be washed. They also related to the adoption worker the child's maintaining a distance between the new father and herself. Whereas they had understood that Mary had had a close attachment to the foster father, they were rather puzzled that she would not mention Mommy and Daddy Jones but would talk about other members of their family.

Six weeks following her placement, there were no indications of regression in her eating, sleeping and bowel functions. She had tested out the new mother in some badness and found her firm but loving. She made use of a toy telephone in holding conversations with Mrs. Gardiner, her caseworker, asking Mrs. Gardiner how the foster children in the Jones home were but never mentioning Mommy and Daddy Jones by name. The adoption worker, in her second visit to the family two months later, found Mary looking healthy and responsive; there was tremendous motor activity as she rode the hobby horse. She also indicated how much she felt a part of the family in discussing what fun she had had at Hallowe'en. Two and a half months after her placement, Mrs. Mason phoned the adoption worker to report on a new and satisfying occurrence: that previous weekend, when Mary, Susan and Mr. Mason were in the basement workshop, at one point she impulsively ran to him, clasped her arms around a leg, said, "You're my daddy, aren't you?" That evening, she sat on his lap and enjoyed his reading to her. On the following evening, when he came home from work, both daughters rushed to the door to give him a gushy homecoming.

Three months after Mary's placement, the adoption worker in her third visit to the home observes that there is less motor activity, a more

settled quality in the child and more ability to concentrate in her play. Mrs. Mason reported that Mary was beginning to have dry nights, which she had not achieved in the foster home. She also was being more regular in letting her mother know when she needed to go to the toilet. There was some competition with Susan but apparently Susan, now becoming more engrossed in her school work, was not showing jealousy of Mary's bounding attachment to her new father.

### ***Supporting Healthy Defenses***

Was Mary's placement a traumatic one in the sense of producing immediate regression and in leaving permanent psychological scar tissue? The agency had evaluated her as a constitutionally strong, healthy child with a good ego; she had experienced good nurturing and good mothering from early infancy on. In separating her, the foremost concern was to prevent a state of shock or of withdrawal as described in "Children who Do Not Cry."<sup>8</sup> Efforts were directed toward sustaining her capacity to cope with a painful situation without losing trust in adults, especially parents. She was helped to grieve, to express her fear, to protest in the various ways she had at hand. She was encouraged to ask for and take comfort. Her caseworker was the "middle man" who bore the brunt of the decision to move her. This was not placed on the foster parents in any way that would have been confusing to Mary.

In our opinion, these foster parents could not have sustained an acquaintance with the adoption parents. It would have been difficult to bring both sets of parents together to provide for the kind of transition described by the Illinois Children's Home and Aid. The deep attachment of the foster parents to Mary, the geographical distance between the two families, the fact that the adoption father had to return to work, were practical considerations. Unless the practical matters involved in a smooth emotional transition can be managed well, more tension than relaxation can result and a child of Mary's age would be more confused than helped.

In this placement, the adoption parents were non-ambivalent in their desire for this child, and they received sustained help and support from their social worker in letting

<sup>8</sup> Mary H. Emmons and Louis Jacobucci, "Children Who Do Not Cry," *CHILD WELFARE*, April 1960.

the youngster handle the transition as she needed to.

What defenses did Mary use in handling her important part in the transitional process? We know that a child's defenses are different from an adult's and that a child with a strong ego has different defenses from a child with a weak ego. A child of Mary's age uses different defenses than a much younger one. Perhaps Mary had to repress and deny the image and memory of her foster parents and quickly identify with and cathect the adoption family in order to ward off a sense of loss and helplessness, and restore to herself a sense of happy well-being. In the writer's opinion, these would be healthy defenses appropriate to the situation. The fact that Mary showed a minimum of regression indicates that the trauma, if it existed, was kept at a minimum.

Bernard in her article on adoption agency practice states:

"Sensitive timing of the various stages of adoption attuned to the particular child's inner pace is a vital ingredient of reassurance; destructive anxiety can mount when certain steps of the process are too prolonged, such as between a child's relation to prospective parents and his actual placement with them; by the same token however panic may stem from feeling rushed and stampeded so that a more graduated spacing and slowing down is the most effective reassurance."<sup>9</sup>

This writer is in agreement that a prolonged transition can provoke and increase anxiety in the child, in part because of the tension in his foster family, and also perhaps because of his need to identify with the new family to get the painful business over with so that he can settle down into a happier state of affairs. In our adoption practice at the Children's Aid Society of Pennsylvania, we strive to support the child's ego in coping with the pain and anxiety in his separation so that healthy growth will continue.

### **Nonverbal Communication**

In placing the nonverbal child who is around one year old the same process is followed as in Mary's placement, with this difference: more emphasis is placed upon nonverbal communication in the preparation of

the child for taking on a new set of parents. Escalona states that an infant's way of responding to external change may be based on his nurturing experience and how a mother enables the infant to "find optimal closeness to and to tolerate optimal distance from the comforting object."<sup>10</sup> These are useful concepts in achieving a deeper understanding of many ongoing aspects of the foster care of infants, particularly infants in pre-adoption care. A further concept of relevance concerns Escalona's description of contagion and communication, "contagion" referring to a feeling state which is transmitted to an infant and "communication" to a more purposive and conscious process.

Whereas the element of contagion probably is a part of human existence from birth on, communication is one-sided until the infant is able to feed back to the parent with his social and language responses. Probably by the time an infant has reached nine to ten months, certain patterns of mutual communication have been well established, such as smiling and laughing in response to being tickled, being talked to, being jiggled, swung in the air. Undoubtedly it is of great assistance to a child welfare worker in bringing about a transition that there is a common language between parents and babies, and that adoption parents by and large carry on with these patterns of communication. The placement worker tells the new family of specific rituals and methods of care for the infant, and in the placement itself attention is paid to the "islands of familiarity," also mentioned by Escalona, in that familiar clothing and toys become part of the child's dowry. The adoption family is given considerable data, verbal and written, regarding the child's schedule from waking to going to sleep at night, with particular attention paid to the kind of bed and bed clothing, the type of food, the way he is bathed, when he has social times, experience with the foster mother and father, foster siblings, and others.

Adoption practitioners have observed how important the adoption father is in forming an emotional bridge between the foster mother and the new adoption mother. We have observed in the Children's Aid Society of Penn-

<sup>9</sup> Viola W. Bernard, "Application of Psychoanalytic Concepts to Adoption Agency Practice," in *Psychoanalysis and Social Work*, Heiman (ed.), International Universities Press, New York, 1953, pp. 182-183.

<sup>10</sup> Sibylle Escalona, "Emotional Development in the First Year of Life," in *Problems of Infancy and Childhood*, Senn (ed.), The Josiah Macy, Jr. Foundation, New York, 1952.

parents. of re-based mother oseness m the l con-ling of are of option ncerns l com-feeing nt and e and sylvania that the older infant often shows a definite preference for the new father. This is true of both boys and girls, but is only observed in the latter part of the first year of growth. Another observation made is that often the child who did not like a certain food in the foster home will eat it in the adoption home, or a child who does not eat much in the foster home has an increased appetite in the adoption home. Perhaps in some way the new adoption parents definitely encourage the child in this kind of improvement in his daily schedule, in order to feel that they are better parents and that the child prefers them to the foster family.

An additional important observation is that in the majority of placements, somatic reactions are mild and very short-lived. We have observed different kinds and degrees of separation anxiety, such as not wanting the new mother to be out of sight during waking hours the first month of placement. More prolonged and serious separation anxiety when observed has been related to tension and uncertainty in the new adoption mother.

### ***Learning from Our Mistakes***

Not all adoption placements proceed as smoothly as the one we have described. In some placements, we have observed prolonged grief, withdrawal and some regressive symptoms. The problem may be that the child was too abruptly and insensitively moved without a proper diagnostic understanding of his vulnerability based on constitutional endowment and previous deprivation experiences. In the instance of such children, the use of the transitional method described by Gerard and Dukette would be preferred to a shortened method. The second common problem is found in the psychological unreadiness of the new adoption mother to be a mother. There may be a tension, a lack of confidence and a blocking which had not been understood well enough in the study of the family. Discussion at that time may reveal that the problem lies in the adoption mother's feelings towards her own mother. Sometimes these feelings can be adequately ventilated, and sufficient therapeutic resolution of the problem takes place to enable the mother to find a more giving relaxed relationship with the new child. At no time is the role of the adoption father lost sight of.

More study and research is required to understand adequately the comparative factors which differentiate emotionally smooth transitions from the difficult problematic ones. Whereas all adoption practitioners would agree that the earlier an infant can be placed in his adoption home, the less possibility of setback for him, we also know that for a variety of reasons, some children cannot be placed in early infancy. In placing this older group of children, a staff should never be unaware of the traumatic possibilities in such a placement. But experience also indicates that the kind of transitional method described in this paper can be in harmony with the child's capacity to take on new parents without being traumatized.

### ***Pronouncement Adopted by Protestant Church Group***

On December 8, 1960, the General Assembly of the National Council of the Churches of Christ in the U.S.A. adopted a pronouncement, "The Churches' Concern for People without the Necessities of Life," which we give here in full.

"Whereas at least five million people in the United States are dependent each month upon public assistance for the necessities of life,

"BE IT RESOLVED:

"That the churches be urged to work for availability of adequate public assistance for all needy people; the elimination of state and local residence requirements for public assistance; and the replacement of Federal aid for certain categories of people by a single program based solely upon need, and

"That the Aid to Dependent Children program be modified immediately:

- "(1) to prevent discrimination against children because of the circumstances of their birth and
- "(2) to eliminate the requirement that employable fathers be absent as a condition of eligibility."

The National Council has informed us that single copies of the above pronouncement can be obtained free from the Department of Social Welfare, National Council of the Churches of Christ in the U.S.A., 475 Riverside Drive, New York 27, N. Y. Additional copies are available for \$4.00 per hundred.

# ANALYSIS OF THE FOSTER CARE CASE LOAD

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THE increase of approximately 10 percent in one year in foster care applications and in children living in foster homes in Westchester County, New York, is characteristic of many communities across the country. Although each youngster who enters the foster care program comes as an individual, with his own specific problems, an analysis of the total case load in any community is an important way of discovering the major needs, so that the recruiting of prospective foster parents will focus on homes suitable for typical cases. In Westchester County, such a case load analysis was made in conjunction with a proposal for a new project for special service homes for emotionally disturbed children.<sup>1</sup> The analysis revealed a number of significant facts about age, sex, and ethnic groupings of youngsters in foster care.

Westchester County, with an area of 453 square miles, north of New York City, is frequently cited as one of the country's largest and richest areas of rapid suburban growth. The county, comprising six cities, eighteen towns, and twenty-two incorporated villages, had a population reported in the 1960 Census of 808,891, an increase of over 29 percent over 1950 figures. There is a wide range of social and income groups. Current estimates indicate that although about 30 percent of the households in Westchester have annual incomes over \$10,000 per year, approximately 9 percent of the households have incomes

<sup>1</sup> Proposal to the National Institute of Mental Health for a project grant, "Treatment of Disturbed Children in Foster Care," submitted by the Westchester Children's Association, October, 1960. This grant has been approved and the project will soon be underway. Tables on the foster care case load are derived from data prepared by the Division of Family and Child Welfare, Department of Public Welfare, Westchester County, Miss Edith T. Parker, Director.

*What the characteristics of children in foster care can tell us about the need for broad community services.*

under \$2,500 a year. Since 1950, almost no private housing has come on the market in Westchester for low income families, and fewer than 1,000 units of public housing have been built.

There were over a thousand children in foster homes under the supervision of the Department of Welfare in Westchester in 1959, and another 192 in foster care in various institutions. An analysis of the numbers of children in foster home care by age, sex, and ethnic group as of December 31, 1959, is contained in Table 1.

The data show that 54 percent of the case load were boys and 46 percent were girls, which does not represent a substantial departure from population expectancies. In terms of ethnic group distribution, however, there was a marked departure. Of the total case load, 52 percent were white and 48 percent nonwhite (the latter figure represents almost entirely a Negro group, although it may include some from other non-Caucasian groups). The population distribution in Westchester County was approximately 93.2 percent white and 6.8 percent nonwhite in 1957.<sup>2</sup> This difference may indicate either that a substantially higher number of Negro than white youngsters are coming into foster care in the county, or else that white youngsters are being served outside the public agency.

Median age of children in foster care varies according to both sex and ethnic group. Girls in foster care tend to be older than boys, but this difference is not as marked as is the dif-

<sup>2</sup> *Westchester's Non-white Population, 1957: A Preliminary Analysis*, Urban League of Westchester County, Inc., December 1957.

Age
Infant to 3
3 to under 6
6 to under 9
9 to under 12
12 to under 15
15 to under 18
Over 18
Total

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Age
Infant to 3
3 to under 6
6 to under 9
9 to under 12
12 to under 15
15 to under 18
Over 18
Total



TABLE 1

CHILDREN IN FOSTER HOMES IN WESTCHESTER COUNTY  
by Age, Sex and Ethnic Group, 1959

Age	Boys		Girls		Total
	White	Nonwhite	White	Nonwhite	
Infant to under 3	40	60	35	37	172
3 to under 6	45	54	24	40	163
6 to under 9	34	51	35	50	170
9 to under 12	65	56	42	49	212
12 to under 15	65	25	61	35	186
15 to under 18	36	22	42	18	118
Over 18 years	0	0	2	0	2
Total	285	268	241	229	1023

ference by ethnic group. The median age for nonwhite boys in foster care is seven and a half; for nonwhite girls it is approximately eight years. For white boys the median age is approximately ten and a half, and for white girls approximately eleven and a half years. This difference is most striking in the older age groups. For example, 43 percent of all white girls in foster home care are over twelve years of age, but only 23 percent of all nonwhite girls in foster care are over twelve. One reason for this may be that there are different patterns of employment and socioeconomic expectations for the white and nonwhite adolescent.

Figures for children in foster care who are in institutions are given in Table 2.

The data on children in institutional care show significant differences in terms of ethnic groups. Although nonwhite children comprise 48 percent of children in foster care homes, they comprise less than 20 percent of children in foster care in institutions. Since there is no reason to believe the need for institutional care is less for nonwhite than for white youngsters, it seems probable that there are fewer facilities available for the nonwhite child in need of institutional treatment.

Important data in terms of planning for

TABLE 2

CHILDREN IN FOSTER CARE IN INSTITUTIONS IN WESTCHESTER COUNTY  
by Age, Sex and Ethnic Group, 1959

Age	Boys		Girls		Total
	White	Nonwhite	White	Nonwhite	
Infant to under 3	2	0	1	1	4
3 to under 6	3	0	3	1	7
6 to under 9	8	3	3	2	16
9 to under 12	21	5	8	4	38
12 to under 15	37	8	15	6	66
15 to under 18	21	3	29	4	57
Over 18 years	1	0	2	1	4
Total	93	19	61	19	192

foster care programs include how old the youngsters are at the time of commitment, and how long they stay in the program, either in homes or institutions. Here group differences again are important. The data indicate that the median age for commitment to foster home care of the nonwhite boys and girls is approximately one and a half years, while the median age for commitment of the white boys and girls is three years. Some of this difference is in infant commitment to foster home care: 31 percent of nonwhite children are committed to foster care under one year of age, as against 22 percent of the white children. For age at time of commitment to institutional care, the median age for nonwhite girls is seven and for white girls eleven years; for nonwhite boys it is nine, and for white boys ten years.

### ***Length of Time in Foster Care***

Foster care is far from an interim or temporary arrangement for the youngsters who are committed. For the total group, 55 percent of the children in foster homes have been in foster care for over three years, while over 24 percent have been in foster care for over nine years. The importance of this experience in the life span of the child is seen from the fact that the median age for the total group is only nine years. A rough estimate would be that over one-third of the total life experience of these children has, on the average, been spent in foster care.

Differences in length of stay according to sex and ethnic group are also apparent from the data. The median time in foster home care for nonwhite boys is approximately two and three-quarter years; for nonwhite girls three and a half years. For white boys, the median time in foster care is approximately four and a quarter years; for white girls it is longest, an average of five years.

In institutional care, the differences in length of stay are reversed for the two ethnic groups. The average stay for both white boys and white girls in institutions is from one to two years, while the average stay for the nonwhite boys and girls is two to three years. Thus although nonwhite children represent a smaller proportion of youngsters in institutional care, they stay longer after commitment. This may be due to their being more

disturbed than the nonwhite child who is committed to care, or to the lack of suitable homes for them to return to from the institution.

### ***Children Referred for Psychiatric Evaluation***

Of the total of 1,023 children presently in foster care in Westchester County, 448, or approximately 44 percent, have, at one time or another during commitment, been referred for psychiatric evaluation. This may have been because of inability of the youngster to adjust in the foster home placement, or to help the court in determining a suitable plan for the child. In formulating the proposed National Institute of Mental Health project, the investigators were concerned with estimating the potential population for special services. Thus the most recent referrals were studied. The case record of every youngster presently in foster care who was referred for such evaluation in 1959 and during the first five months of 1960 was reviewed, to determine the characteristics of this group.

A total of 79 cases were studied, including 54 boys and 25 girls. One significant fact about the youngsters referred for psychiatric evaluation was the higher proportion of boys to girls. Boys comprised over 68 percent of all children referred, although they were only 54 percent of the total foster care case load. In terms of ethnic group, white children comprised 63 percent of referrals, although they were 52 percent of the total group. Of the total group, approximately half who were referred for evaluation were between the ages of nine and fifteen years.

The data on I.Q. indicate that mental retardation might be an important part of the problems of some members of the group, while other youngsters may be unable to use what intellectual capacities they have. The median I.Q. for the total group was 86, and 31 percent, just under one-third of the total group, had I.Q. scores from 30 to 79. Only 17 percent had I.Q. scores of 100 or higher.

Some of the problems of these youngsters referred for psychiatric evaluation can be seen in the data on their own families. Of 158 natural parents, twenty-nine were listed as unknown, fourteen were dead, and fifty-five

were known to be living but did not visit and were not in contact with the children. This left only sixty natural parents out of 158 who were in contact with their children. Movement in placements was another problem. The history of six of the children was not noted, and fourteen were in their first foster care experience. For the remaining fifty-nine, however, there had been a total of 123 placements. Twenty of the youngsters had had from three to seven previous placements.

The reasons for referral for psychiatric evaluation were very similar for a number of the children. Most frequent was the complaint about disturbed behavior, creation of problems in the foster home, aggressive or destructive acts, tantrums, running away, little progress in school, and hostile behavior toward the foster parents. Less frequently other complaints were noted, including expulsion from school, truancy, vandalism, stealing, sex activity, enuresis and soiling. The majority of the diagnostic reports considered the youngsters to have adjustment reactions of either childhood or adolescence. Mental deficiency was reported for thirteen of the children, and they were referred for institutional placement or training school commitment. In most of the cases, however, the psychiatric evaluations resulted in recommendations that included therapy, a change of foster home, an attempt to improve relations with present foster parents and own parents through guidance, and remedial instruction to help in school work.

### ***Some Implications of the Findings***

The data presented here give an indication of the scope and nature of the foster care case load in one suburban community. The typical child is not a three-year-old girl, whose mother will be in the hospital for six months and then reclaim the child. The typical child is a boy of ten and a half, who has probably been in foster care since he was six, and has had more than one placement. Chances are better than one in three that he has been referred for psychiatric evaluation. If he has been so referred, he probably has an I.Q. level between 80 and 90.

From the point of view of the agency and its homefinding problems, one significant fact is that, in terms of available population re-

sources, the demand for foster homes for Negro youngsters is 25 times as heavy as for white children. This raises many questions, such as the possibility of reviewing regulations and practices to allow for greater flexibility, the possibility of development of group homes and interracial settings, and the extent to which resources outside the community can be used for homefinding when the local minority group is not large enough to absorb all youngsters in need of homes.

For all communities, a self-survey of the foster care case load can focus attention on where efforts should be placed in homefinding and placement. A more fundamental use of these data, however, would be to analyze the socio-economic factors making for the typical foster care child. The placement of boys who are between nine and twelve, the placement of Negro infants, the placement of white girls between twelve and fifteen—these are all areas of concentrated foster care. They reflect the need for community services which could help meet the special problems of these age groups, so that more youngsters could be helped in their own homes and the number of children in foster care thereby be reduced.

## **THE COST OF CHILDREN'S SERVICES**

*A report of a study of cost of services, by work units, which was carried out by a public welfare agency to provide a basis for performance budgeting.*

THE administrators of child welfare agencies, both public and voluntary, are usually acutely aware of the costs of providing services. As the cost of living rises, there has been a concomitant increase in the costs of providing foster care and similar services. The public at large, and taxpayers in particular, are also usually concerned about any increase in public expenditures.

Eventually any discussion of costs and efforts to interpret them may lead to consideration of performance budgeting. Under this type of budgeting the future costs of work to be done are determined, rather than the costs per client served, average cost per

case, or similar units of measurement. In order to achieve performance budgeting, one is immediately led into a search for the means of measuring productivity: the problem is to define units of work which can be observed and measured in minutes or hours necessary for completion.

The Wisconsin Division for Children and Youth of the Wisconsin State Department of Public Welfare had for some time been concerned with the problems of costs, and was therefore faced with the necessity for measuring productivity.<sup>1</sup> Through the cooperative efforts of the University of Wisconsin Bureau of Government and the Division for Children and Youth, an attempt was made to measure casework accomplished during April and May of 1959. The classification of work units derived by Schwartz in his study of the Illinois Children's Home and Aid Society<sup>2</sup> provided the basic framework for measurement, with modifications made in accordance with the Division for Children and Youth's practices and procedures. The actual collection of data was done through a work sampling method adapted by the University of Wisconsin to the agency's operating conditions.<sup>3</sup>

All work units were defined in terms of blocks of work done. Each unit had a definite beginning and ending. Thus the unit termed "foster home inquiry and screening" began when the worker received a request for a foster child or an inquiry from a prospective foster parent, or when the worker initiated the inquiry or was asked by another agency to contact the family believed to be prospective foster parents. It ended when the applicant withdrew his inquiry or the worker decided to make a foster home study, at which time the unit "foster home study" began. This unit ended when the applicant withdrew or

the decision was made to license the home. Definitions such as these permitted the worker to designate the particular unit receiving his attention at the time an observation was to be made.

As an adjunct to the work unit, the worker was also asked to designate the type of work activity involved. For example, the worker who was recording information on a foster home study would indicate that he was recording, and that this pertained to the unit "foster home study." It was therefore possible to determine how much time was spent on various types of activities as well as on specific work units.

### Determining Costs of Services

In order to determine the *total casework time* which went into a given service, e.g. foster home care, it was necessary to ascertain the average time spent by all workers on the work units making up that particular service. In addition, the time spent on certain professional activities which could not be assigned to specific work units—writing statistical or administrative reports, attending conferences and staff meetings, and similar activities—was pro-rated among all work units. The adjusted casework time attributable to a given work unit or service could then be arrived at.

*Total staff time* devoted to a given service was computed by including that share of clerical and administrative staff time which could be attributed to it on a pro-rata basis. This included clerical staff time in the Division for Children and Youth district offices as well as professional, administrative, and clerical staff time in the central state office. All of the direct work involved in a given unit was reflected, as well as all of the indirect work included in the program.

Costs of casework and other staff time were computed separately, and were based on the appropriate personnel expenditures, principally salary and travel expenses. Additional costs were also computed for office supplies, equipment, rent, and other operating expenses. Finally, to obtain a full picture of the total cost of providing care, the average of the direct costs—based on board and room, medical expenses and similar expenses—was computed.

<sup>1</sup> The Division for Children and Youth has also been concerned with measurement of productivity for other reasons, e.g., case load weighting and management as well as administrative controls and goal setting, but we shall concern ourselves here with the problems of cost analysis. A description of the other problems is now in preparation.

<sup>2</sup> Edward Schwartz and Martin Wolins, *Cost Analysis in Child Welfare Services*, Children's Bureau, Washington, D.C., 1959, pp. 26-30. The work measurement project of the Illinois Children's Home and Aid Society is also discussed in "Children's Services—Care and Cost," by Lois Wildy, *CHILD WELFARE*, December 1956.

<sup>3</sup> For a discussion of sampling methods see W. J. Richardson and R. Herland, *Work Sampling*, New York, McGraw-Hill, 1957. In the present study the workers were asked to record their specific work activity, e.g., recording on each case, at random intervals throughout each day during the study period. This particular phase of the study was handled by Professor Robert Ratner of the University of Wisconsin.

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## Foster Home Costs

What expenditures are needed to provide foster home care for a child? Table 1 lists the costs of various units which go to make up the total costs of care. Unfortunately some of these costs cannot be compared directly to those given by Wildy for the Illinois Children's Home and Aid Society because of differences in program.<sup>4</sup> The average number of months of foster care provided by that agency was seventeen months in the downstate unit and sixty-nine months in their Cook County unit,<sup>5</sup> compared to over seventy-five months in the Division for Children and Youth.

TABLE 1

### COST OF FOSTER CARE IN BOARDING HOMES (Average time in boarding homes—75 months)

Intake of child	\$ 16
Study and acceptance of foster home	203
Placement of child	225
Supervision of child in foster home	1,073
Maintenance costs	5,438
Total costs	\$6,955

The above estimates are based on average costs. The average cost of studying and accepting a foster home was \$141, but our cost figure reflects the fact that the average life of such homes was fifty-two months while the average period of boarding home care for a child was seventy-five months. The average monthly cost of supervising a child in a boarding home (\$14.30) was included for seventy-five months. The average payment for care, including board and room, clothing, medical expenses and other expenses was included for the same period of time.

### Costs of Adoptive Care

Variations in practice again do not permit direct comparisons of the adoption costs of the Division for Children and Youth with the costs given for the Illinois Children's Home and Aid Society.<sup>6</sup> The total average cost for adoptive care was \$2,000 according to Wildy, while it was \$1,852 for the Division for Children and Youth. Each child was under care for an average of 19.6 months in the former

study,<sup>7</sup> and for an average of 24.1 in the Division for Children and Youth study.

TABLE 2

### COST OF ADOPTIVE CARE

Intake	\$ 16
Study and acceptance of foster home	141
Supervision of child in foster home (9.3 months)	132
Maintenance in foster home (9.3 months)	667
Adoptive home screening and study	545
Adoptive home placement (10.3 months)	189
Adoptive care supervision (10.3 months)	162
Total costs	\$1,852

The information provided in Table 2 is based on the average cost per month in arriving at the cost for a given unit. There is an average stay of 9.3 months of children in a foster home prior to placement in an adoptive home. Thus the costs of obtaining the foster home, of supervising the child in the foster home, and of maintenance payments while he is in the home should be included in the total costs. The unit "screening and study of adoptive homes" takes into account a number of factors which are represented in the \$545 shown as the total for this aspect of the work. (Approximately one out of five inquiries by applicants results in ultimate use as an adoptive home; after screening, the time-consuming process of study of the home results in the use of 72 percent of those homes accepted for study.) The remaining components of adoption costs—placement and supervision—were computed using the average number of months (10.3) spent in an adoptive home.

### How the Data May Be Used

The information pertaining to child welfare costs presented here may be used primarily for public interpretation. Thus, it is possible to indicate the dollar value placed on study and acceptance of a foster home and the work needed in supervising a child in that home or in similar units. Those persons who do not understand the nature of the services will obtain at least a partial interpretation by learning about the costs and time involved for various work units. The striking differences between the total costs of adoption services and of ordinary foster care should con-

<sup>4</sup> Lois Wildy, "Children's Services—Care and Cost," *CHILD WELFARE*, December 1956, pp. 5-6.

<sup>5</sup> Schwartz and Wolins, *op. cit.*, p. 73.

<sup>6</sup> Wildy, *loc. cit.*

<sup>7</sup> Schwartz and Wolins, *op. cit.*, p. 79.

vince layman and professional alike of the financial advantages of early adoptive placements.

The greatest single advantage in using these and similar data lies in the area of planning and budgeting. Any agency attempting to develop rational and, at the same time, flexible methods for presenting its budgetary needs will usually find itself constructing performance budgets. Work unit data provide a basis for launching into such a program.

Agencies contemplating such developments will have to give consideration to the following:

1. All levels of staff must be involved in the development and definition of work units.
2. Collection of data reflecting the actual elapsed time needed for the performance of each unit is of prime concern. The development of a meaningful budget hinges upon the ability to collect such data accurately. The selection of the actual method will undoubtedly depend upon the size and type of agency. Work sampling methods will usually produce valid and reliable data if reasonable caution is observed in setting up the number of observations to be taken. In any event, the use of internal checks for consistency is extremely important in order to obtain information which accurately reflects the work of the agency.
3. The agency will also have to set up a reporting system which provides for regular future counts of the work units. This may be done on an annual basis or more frequently, depending upon the needs of the agency.

Only after committing themselves to this approach will it be possible for any agency to embark upon even a rudimentary form of performance budgeting. Most public agencies' personnel budgets are based on average or standard case loads. Such criteria are not meaningful nor are they necessarily an accurate reflection of the work required. Performance budgeting based on the work to be done provides a much sounder basis for projecting an agency's staff needs.

W. P. LENTZ

*Chief Planning and Development Division  
for Children and Youth  
State Department of Public Welfare  
Madison, Wisconsin*

## **Study of Children Receiving Child Welfare Services**

The United States Children's Bureau recently published a pamphlet entitled *Children Who Receive Services from Public Welfare Agencies* (Children's Bureau Publication No. 387-1960). The pamphlet describes the characteristics of children who were receiving child welfare services through public agencies in forty-five states. For a long time, there has been great demand for better statistics, for planning purposes, on children known to public and voluntary agencies.

The Children's Bureau is about to embark upon another survey, similar to the 1960 study, and the League has agreed to cooperate in helping to secure the participation in the study of voluntary agencies in its membership. An effort will also be made to secure the involvement of nonmember agencies. Thus, for the first time in many years, it is hoped that a completely comprehensive survey of the characteristics of children who are in placement or who are receiving service in their own homes will be fully available to social planners.

The Children's Bureau has prepared a research form which will enable agencies to provide basic descriptive data about the child and his family, as well as information about the services rendered, including patterns of placement experiences. Agencies having less than fifty children under care are being asked to fill out the form for each child known to them. For agencies with larger populations of children, sampling procedures have been worked out so that it will not be necessary to fill out the form for every child.

The data is to be collected later this spring and will be analyzed by the Children's Bureau.

It is hoped that every agency will participate in this important endeavor.

JOSEPH H. REID

## **League Meetings at National Conference**

The meetings of the Child Welfare League of America at the National Conference on Social Welfare will take place on May 16 and 18, in the Wisconsin-Iowa Room of the Leamington Hotel, in Minneapolis, Minnesota. Programs can be obtained by writing the League office.

# A PHILOSOPHY OF CHILD CARE

By the staff of Alexander Home, Charlotte, North Carolina

*Like a number of other child care homes in America, the Alexander Home is in the process of transition from custodial care to professional treatment of disturbed children. The problem of creating a consistently therapeutic environment for troubled youngsters is made much more difficult by the traditions and attitudes of an already stable staff and an established program. We recognized early that inertia is as inimical to our sensitive handling of children's problems as ignorance, and that if our goal is to help children to grow emotionally, then the institutional group—the staff team—must also grow, intellectually and emotionally.*

*In facing this need, much staff-conference time has been spent by our workers, professional and nonprofessional, in examining our individual functions. Out of this examination has evolved the concept, now meaningful to us all, of the therapy team, which includes all of those who have direct contact with the children: recreation workers, caseworker, resident counselors, teacher, medical worker, housekeeper, therapist, director. The following statement, coming out of our discussions, represents a sort of group attitude, a common denominator of thought which links our individual, specialized functions into a common approach to the child. . . . John W. Baughman, Director.*

THROUGH our contacts with the child, we can give him the following things to help him, and these only:

We can give him relative security—the knowledge that he will be fed and clothed and, insofar as possible, protected from injury and emotional hurt. We can give him such security as is to be found in cleanness and orderliness and regularity of schedule. By regulating and protecting his present, we can help him to feel that the future is not mysterious and threatening. By helping him to be comfortable today, we can sponsor the feeling within him that tomorrow may also be comfortable.

We can give him explanation and guidance, according to his needs and as he can use them. By consistent and careful explanation day in and day out, in close relation to his ability to ask or to comprehend, we help him to set up meaningful landmarks to guide himself in relationship to us, to his own feelings, to his family, to his peers, and to his future. If we are skillful and he can be receptive, we can help him to gain a sense of mastery over his life and to lose some of his fear of the mysterious and confusing.

We can give him love. And if our love is to be helpful to him, it must exceed sentiment by

far. Day by day, with word, gesture, and response, we can let him know that we are impelled by a concern (but not anxiety) for his welfare. And if we are reasonably intelligent and honest with ourselves, then what we give to the child is in relation to his own needs, not to ours. To the frightened, lonely child we may give much cuddling and physical contact until such time as he no longer needs it. To the child who can neither give nor accept overtures of emotional closeness, we give our deep interest and respect and physical service, with always the promise of deeper feelings when he is no longer threatened by them. To the child who acts out his anger we give assurance that we can understand his upset, that we respect him and know that he is not "bad." To the child with poor orientation to the demands which life makes upon him we give firm control, fairly used; and the right always to experiment, to make mistakes without loss of face, and the expressed hope that he can accept control himself as he is able.

We can give him the right to be himself, without fear of deep emotional hurt. We can let him express hostile feelings without fear that we will turn on him in counter-anger, or his love without fear that we will let him down. We can let him be different from other

children, without fear of ostracism. We can let him be deceitful without being branded as a liar. We can let him be afraid without shame. We can let him know that our interest and concern for his welfare is a stable constant in his life, which does not ebb and flow with his own feelings and behavior; that our "love" for him is based upon our unshakeable faith in his worthiness as a human being, and upon our conviction that our respect for him cannot be bought with good behavior or lost because he is confused and upset.

Thus, we give him self-respect; and we can give it only if we ourselves feel respect for him, a respect which shows in our words and gestures and attitudes. While we give it, we are giving also a close and constant example of emotional maturity and of the optimal conditions of human rapport. And if we have been able to develop with the child a relationship which is supportive and meaningful (but not necessarily sentimentally "close") then he is apt to learn more from the example which we have set for him than from the words which we have spoken to him.

It follows, then, that in all of our contacts with the children we must be consistently ourselves. We do not strive to be some mysteriously "ideal" person who can perform wonders with children. On the contrary, we must be unashamedly ourselves in the presence of the children, with all of our faults and shortcomings and peculiarities. We must be convincingly real to the children, so that whatever security they find within their relationship with us, whatever guidance they can accept from us is embedded in the hard rock of felt reality. It is better to let the child know that we are afraid of him, but still staunchly committed to our purpose, than for him to recognize that we are pretending that we are not. It is better to strike him and apologize, than to retreat behind a mask of cold politeness. It is better for us to cry in his presence, than to pretend that we are invulnerable.

"Treatment" is not some mysterious potion concocted in textbooks and laboratories and dispensed only by people in white smocks. It is a therapeutic or growth-producing effect of a real environment, with real people, upon a child who needs help.

## NEWS FROM THE FIELD

### *California's Maternity Care Program for Unwed Mothers*

Public agency payment for privately furnished hospital and medical care in adoption cases has become increasingly popular and successful in California. To improve cooperation between physicians in private practice and licensed county adoption agencies, the Maternity Care Program for unmarried mothers was authorized by law and became operative in 1959. Payment of both doctors and hospitals, in accordance with agreed-upon rates, is financed from fees collected from adopting parents by county agencies. (Of each \$400 thus collected, \$100 is placed in a revolving fund earmarked for medical and hospital care.)

Eligibility for care under the Maternity Care Program rests upon the mother's financial need and the likelihood that she will relinquish the child to the county agency. Mothers who, subsequent to childbirth, decide against relinquishment are still aided under the plan. Currently only unmarried mothers (including widows and divorced women) qualify, but married women who conceive out of wedlock may eventually be included.

Initial motivation for the plan came from complaints that private patients referred to agencies by physicians usually ended up in a county hospital. In conferences between agency representatives, doctors and representatives of the Hospital Council, the basic idea of the plan was arrived at. Hospital people constituted important and unexpected allies in the promotion of this program; the reason is apparent when one considers the collection problems that poorly conceived independently arranged adoptions create for hospitals.

Enabling legislation was passed through the cooperative efforts of the Hospital Council, County Welfare Directors' Association, State Department of Social Welfare, Adopted Children's Association,<sup>1</sup> a number of doctors, and various other persons and organizations interested in adoption. And through the efforts of the County Welfare Directors, actively and

<sup>1</sup> A Los Angeles organization of families with adopted children and others interested in adoption.

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effectively supported by the Hospital Council, the enabling regulations adopted by the State Board of Social Welfare were made flexible enough to be of maximum benefit.

In Los Angeles County and in some of the other counties, the schedule of permissible charges was worked out between the Hospital Council and the county, and between the Medical Association and the county.

As a result of the plan, doctors are voluntarily referring mothers to county adoption agencies with increasing frequency. In Los Angeles County alone, new referrals sometimes exceed twenty a month, and throughout the state, the total exceeds fifty a month on an average. With increasing numbers of children coming to the Los Angeles County Bureau of Adoptions, the waiting time for adoptive applicants has decreased from an average of one and a half years or more to less than six months. Restrictions on age of the adopting parents at the time of application have been eased somewhat, and a rule which prohibited consideration of families already having two or more children has been eliminated. Total placements by the county in 1960 surpassed those in 1959 by 23 percent.

The following is from a bulletin on "Maternity Care Services for Needy Unmarried Mothers" which the Los Angeles County Bureau of Adoptions distributes:

"PURPOSE: To permit needy expectant mothers to continue to receive care from their own doctors.

"HOW IT WORKS: The doctor refers the mother to the Bureau. The Bureau establishes eligibility of the mother, secures a signed agreement from the doctor to provide services at established rates and pays the bill upon receipt of an invoice by the doctor.

"WHO IS ELIGIBLE: Expectant mothers who are considering relinquishing the child to the Bureau of Adoptions and who are in need and unmarried. Widows and divorcees qualify as 'unmarried'.

"STILLBIRTHS, DEFECTIVE CHILDREN, ETC. An important feature of the Maternity Care Program is that both medical and hospital bills may be paid by the Bureau even if there is miscarriage, stillbirth, or the child is of unexpected racial mixture or is defective, or if the mother, after childbirth decides against adoption. In no instance will the needy mother be expected to repay money spent in her behalf.

"HOW THE FEE IS SET: Closely patterned after California Medicare, the fee schedule was agreed on by the County Medical Association and the Bureau. \$150 is allowed for total prenatal, postnatal, and delivery services. Like Medicare, the fee is scaled down when pre-authorized care does not extend through the entire period.

"HOSPITAL EXPENSES: A schedule for hospital charges was worked out with the Hospital Council of Southern California. Such costs may also be borne by the Bureau when pre-authorized.

"WHO PAYS THE BILL: Families adopting through the Bureau who are financially able each pay a fee of \$400. Part of this fee is applied to maternity care services. No tax money is involved."

WALTER A. HEATH

Director  
Bureau of Adoptions  
Los Angeles, California

### ***A Joint Project for Providing Group Meetings for Foster Parents***

Several Boston child welfare agencies have been involved for some time now in a substantial joint effort to improve and expand services to foster parents.<sup>1</sup> The Boston Children's Service Association, The Church Home Society and Children's Mission to Children, have for many years shared a foster home pool. Up to 1954, our services to foster parents consisted of support, consultation and supervision given to individual foster parents by individual caseworkers. The experience of our workers, however, led to the conclusion that it would be constructive to supplement these individual services. Our thought was that through group meetings which would be educational in focus but would include opportunity for socializing, foster parents would come to feel less isolated, their sense of belonging and worth would be heightened, and their sensitivity in working with the children in their care would be increased.

Our early efforts were rather tentative. For some four years we held two foster parent meetings a year. These were educational in nature and although foster parents sometimes were panelists, the meetings were arranged entirely by the caseworkers, whose agencies also provided refreshments for the post-discussion

<sup>1</sup> For an earlier discussion of this joint effort see "Experiment in Cooperative Homefinding," by May K. Bail, in *CHILD WELFARE*, February 1955.

socials. Our staff found the planning and execution of these meetings time-consuming and rather difficult but foster parents reported that they liked and benefited from the meetings. As a result, the agencies decided to proceed with the project. In 1959, a part-time worker was hired to take responsibility for coordinating the project; she joined the homefinding staff of the Boston Children's Service Association.

This worker proceeded to organize and expand the project. A professional planning committee was set up, consisting of one worker from each of the three agencies who were to meet regularly to make program suggestions and evaluate meetings, and to act as liaison to their respective agencies. In addition, an executive committee of foster parents, both foster fathers and foster mothers, was created, to make program suggestions in line with the needs and interests of foster parents, assume major responsibility for planning the meetings, and assign various tasks to be performed by foster parents at meetings. This arrangement was designed not only to have programs meet the felt needs of foster parents, but also to underscore the fact that the agencies respected the contribution foster parents had to make to their work.

A year has passed since these arrangements were instituted and we have been pleased with progress thus far. Foster parents have shown a keen interest in the regular programs. A typical meeting dealt with parental visits to the foster home. The foster parents' executive committee, together with the professional planning committee, suggested particular foster parents and caseworkers for a panel and outlined material for discussion.

Foster parents have not only attended regular meetings in large numbers, but have responded enthusiastically to the monthly newsletter now sent to them by the agencies. Being particularly interested in their public image and wishing to counteract negative feeling about foster children, they have done considerable interpretation of foster parents' work to the community, volunteering for television and radio programs and taking articles to their local papers. The United Community Services have been most helpful to the coordinator in developing a public relations plan and securing radio and television time.

In addition to the monthly meetings, we also hold one large annual social function in January to give citations to the foster parents who have worked with the agency for fifteen or more years. Our foster parents have assumed complete responsibility for most phases of these meetings, including public relations, invitations, decorations, special events and hospitality and telephone committees. They work closely with one another as well as with the coordinator.

As always with committee work, there have been some difficulties and growing pains. Organizational problems such as tenure of committee membership, enlargement of committees, and democratic representation present problems which need to be solved. A way to arrange for the active participation of foster parents living at a distance has yet to be devised.

We have been impressed, however, with the positive effects of the project. The foster parents' executive committee members seem to have developed an ability to function easily and well as a group, and to carry through assignments independently without close guidance by the coordinator. In group discussions at the foster parent meetings, they appear to be growing more closely identified with the agency and each other. There is tremendous interest, active participation, a fund of ideas, and a desire for further knowledge to help in their work with foster children. After observing the monthly meetings as well as hearing individually from foster parents, our caseworkers who formerly had serious reservations about the utility and effectiveness of such a project have come to see it as a most helpful adjunct to their direct work with foster parents.

During the course of monthly meetings, we have noticed that some problems that do not come out in the one-to-one casework relationship are aired and discussed, even though this is a rather large group of perhaps fifty people. The foster parents seem freer to express certain problems with other foster parents present. Foster fathers, whom we have too often stereotyped as rather passive individuals who merely go along with their wives' needs to care for foster children, have emerged at these

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meetings in large numbers, have participated actively in the discussions, and carried through on their assignments.

Through this project our foster parents have been able to derive reassurance, support and new knowledge from one another. They have been reinforced in their commitment to the foster children by the recognition afforded their talents, and the feeling that they are participants in a movement and members of a group with important aims. Our caseworkers have been able to obtain additional diagnostic clues to the motivations of particular foster parents, and have been made aware of areas of feeling and action that need to be explored. Certainly we have been able to obtain a much fuller picture of what our foster parents are like.

Our future plans include greater use of our foster parents to directly interpret their role and function to the community. We would like to involve our boards more actively so that their knowledge of foster home work will insure their continued support to the agency as well as their desire to interpret to the community. We would like to learn what other agencies have done in this area, and particularly, what kinds of problems we might anticipate as we continue with this project.

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## READERS' FORUM

### *Group Methods with Foster Parents*

*To the Editor:*

I would like to comment on the article "Educating Foster Mothers Through the Group Process" by Jacqueline McCoy and Jack M. Donahue, which appeared in the March issue of *CHILD WELFARE*.

In September 1959, Family and Children's Service of Greater St. Louis started a program of monthly meetings with foster parents to increase their skill in caring for children. Our experience was similar to that of Children's Services in that we found group methods valuable in our work with foster parents. However, our

focus was somewhat different, with more emphasis given to attitudes and group identification and less to education.

Our efforts were directed first toward increasing the foster parents' identification with the agency in order to bring into practice the theoretical concept of an effective team approach to foster care. Along with this was development of identification as foster parents, resulting in new understanding of the role and increased pride in being foster parents. As part of the process of developing this identification there was opportunity for criticism about the agency to be verbalized and understood. This enabled foster parents and our agency to work together, rather than being at odds with each other.

Another difference in our program was that our groups were organized to include foster fathers as well as foster mothers. The response from the men indicated their interest in and involvement with foster children. With both parents being in the meetings, a more united approach to the foster child might be achieved. We also organized the groups on the basis of age of child boarded and geographic location of the foster home.

The content of our meetings had some similarity to the program Miss McCoy and Mr. Donahue describe. We also had discussions about agency and foster parent roles, and the meaning of placement to both foster parents and children. The discussions concerning growth and development of children had an educational base, but used the group method of drawing on experience and knowledge of group members rather than a lecture approach.

I would like to emphasize that we found the group method a way of achieving certain goals more effectively than was possible on an individual basis. However, it in no way takes the place of the work of caseworker and foster parents in relation to a particular child. The group method supplements this individual relationship and also increases the effectiveness of the individual contacts. Both approaches seem valuable as they complement rather than duplicate each other.

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